Form 990

Department of the Treasury Internal Revenue Service(77)

For the 2007 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

, 2007, and ending

2007

Open to Public Inspection

В	The	ck if applicable.		C			7,	V 160 - V - VV		
D	Coe	Committee of the Commit	Please use	I E	OD COVERNO		1	Employer Id	entification Number	r
	Н	Address change	IRS label or print	OAK CREST INSTITUTE 2275 E FOOTHILL BE			L	95-468	30961	
		Name change	or type. See	PASADENA, CA 91107	JVD.		1	Telephone n	umber	
		initial return	specific	PROADENA, CA 91107			1	626 81	17-0883	
		Termination	Instruc- tions.				F		The same of the sa	K Accrual
		Amended return							specify) >	Accina
	П	Application pending	a Sactio	on 501(c)(3) organizations and	4047/-1/11	lu -	nd I are not applicat			
			charit	able trusts must attach a com	pleted Schedule A		 a) Is this a group r 			X No
			(Form	990 or 990-EZ).		100000000000000000000000000000000000000	b) If 'Yes,' enter no			A No
G	We	b site: ► N/A				1775	 C) Are all atfiliates 			П.,
J	Orn	anization type					(if 'No, attach a			No
-	(che	eck only one)		X 501(c) 3 ◄ (insert no	4947(a)(1) or	527 H (d) Is this a separat			
K				zation is not a 509(a)(3) suppo		ite	organization cov			X No
	aro	ss receipts are r	normally r	not more than \$25,000 A return	n is not required but if	the I			- 1105	V NO
	org	anization choose	es to file a	return, be sure to file a comp	lete return.	M	Group Exen		zation is not requir	
L	Gros	ss receipts: Add	ines 6h 8k	o, 9b, and 10b to line 12 > 6	97 475	M	to attach School	ule R /Form 99	zation is not requir 90, 990-EZ, or 990-F	60
_	anti	Revenue	Fynen	ses, and Changes in Ne	Accets or Fund P	alamaa	- (Can the i	are b (roini 55	U, 330-EE, 01 330-1	٢).
DES.	1	Contributions	nifts ara	nts, and similar amounts recei	ASSELS OF FUILD D	alance	s (See the li	nstruction	s.)	
		a Contributions	to donor a	advised funds		7 a				
		b Direct public s	support (n	ot included on line 1a)	************	1 b	71,4	00.		
		c Indirect public	support ((not included on line 1a)				3		
		d Government o	contributio	ns (grants) (not included on lin	e la)	1 d	515,8	80.		
		a through 1d) (car	sh \$	587,280. noncash \$				1e	587	,280.
	2	Program servi	ice revenu	ie including government fees a	nd contracts (from Part	VII, line	93)	2	110	,195.
	3	Membership d	lues and a	assessments		*******		3		
	4	Interest on sa	vings and	temporary cash investments			*****	4		
	5	Dividends and	interest f	rom securities	79227700000 O	10 1, 100,000	CHARLES SECTION	5		
	6	a Gross rents		********************		6a		2943		
								- Face		
				ss). Subtract line 6b from line				6c		
р	7	Other investme	ent incom	e (describe >	***************************************	NUMBER OF SERVICE	**************************************) 7		
REVENU	1				(A) Securities		(B) Other	200		_
E	88	than inventory	from sale	s of assets other		0	(D) Other			
Ü	,			and calor avacance		8a				
٤		Gain or (loss) (atta				8 b				
				oine line 8c, columns (A) and (DI	8c				
	9	Special events	and activ	rities (attach schedule). If any	В)			8 d		
		Gross revenue	(not inclu	uding \$	amount is from gaming,	, спеск г	iere			
		reported on lin	e 1h)	uning y	or contributions	9a				
	b	Less: direct ex	penses of	ther than fundraising expenses		9 b				
				m special events. Subtract line						
				, less returns and allowances.				9c		
	b	less: cost of o	node sold	, ioss returns and anowarites.				100		
	-	Gross profit or /los	e) from esta	s of inventory (attach schedule). Subtra	at English Co. E. 10	10b				
	11	Other revenue	from Doe	+ VII line 102	ict line tub from line tua			10c		
	12	Total revenue	(HOITI Far	t VII, line 103)				11		
-		Total revenue.	Add lines	1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	oc, and 11			12	697,	475.
E	13	rogram servic	es (from	line 44, column (B)).			* * * * * * * * * * * * *	13	318,	
SHOZHON	14	Management a	nd genera	d (from line 44, column (C))				14	186,	
N	15	Fundraising (fro	om line 44	4, column (D))	255555-5550220 000000			15		
E	16	Payments to af	ffiliates (a	ttach schedule)				16		
S	17	Total expenses	s, Add line	es 16 and 44, column (A)			LETTER CONTROL	17	504,	759
A	18	Excess or (defi-	cit) for the	e year. Subtract line 17 from lin	ne 12			18	192,	
ASSET	19	Net assets or fu	und baland	ces at beginning of year (from	line 73, column (A))			19		997.
E	20	Other changes	in net ass	ets or fund balances (attach e	xplanation) .			20	55,	001.
S	21	Net assets or fu	and baland	ces at end of year. Combine lin	nes 18 19 and 20	7.7.3.7.7.4.4	SSECUL DEED THE	20	0.40	710
100	For	Driveney Act and	d Danes	- 1 D 1 C 1 CONTONIE III	10, 13, 210 20	0.000	DEPARTMENT OF STREET	21	246,	/13.

Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	a Grants paid from donor advised					
	funds (attach sch) (cash \$					
	non-cash \$					
	If this amount includes					
	foreign grants, check here	22 a				
22	b Other grants and allocations (att sch)					
	(cash \$					
	non-cash \$)		1			
	If this amount includes foreign grants, check here	22 b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24) i			
25	Compensation of current officers,					
	directors, key employees, etc. listed in Part V-A	25 a	80,815.	55,358.	25,457.	
ì	Compensation of former officers,	200	00,010.	33,330.	23,437.	0
	directors, key employees, etc. listed in Part V-B	25 b	0.	0.	0.	0
•	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section					
	4958(c)(3)(B)	25 c	0.	0.	0.	0
26	Salaries and wages of employees not included on lines 25a, b, and c	26	104,977.	57,129.	47,848.	
27	Pension plan contributions not included on lines 25a, b, and c	27	1,090.		1,090.	
28	Employee benefits not included on lines 25a - 27.	28				
29	Payroll taxes	29	16,563.	10,028.	6,535.	
30	Professional fundraising fees	30		23,020.	0,000,	
31	Accounting fees	31	1,400.		1,400.	
32	Legal fees.	32	1,260.		1,260.	
33	Supplies	33	5,238.		5,238.	
34	Telephone	34	3,340.		3,340.	
	Postage and shipping	35	1,611.		1,611.	
	Occupancy,	36	43,329.	37,263.	6,066.	
	Equipment rental and maintenance.	37	4,453.	2,609.	1,844.	
	Printing and publications	38	2,564.	258.	2,306.	
39	Travel	39	1,689.		1,689.	
40	Conferences, conventions, and meetings	40	5,746.		5,746.	
41 42	Interest Depreciation, depletion, etc (attach schedule)	41	2,072.		2,072.	
	Other expenses not covered above (itemize):	42	20,518.	20,268.	250.	
	See Statement 1	43 a	208,094.	135,685.	72 400	
b		43b	200,034.	133,003.	72,409.	
c		43 c				
d		43d				
е		43e				
f		431				
g		43g			+	
14	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) · (D), carry these totals to lines 13 · 15).				WE 125W to 140	
oint	Costs. Check if you are following:	44	504,759.	318,598.	186,161.	0.
e ar	It you are following to introduce the	SUP 98-2.		agenesis in the see	2020 V 20	F-1
'Yes	ny joint costs from a combined educations, enter (i) the aggregate amount of these	joint costs	\$; (ii) the am	ount allocated to Progra	m services
-	; (iii) the amount allo	cated to N	Management and gener		; and (iv) the	
AA	વાવાગાયું ગ					

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular
organization, now the public perceives an organization in such cases may be determined by the information presented on its return. Therefore
please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	and any describes, are are in, the organization's programs and a	accomprishments.
nat is the organization's primary exempt purpose?	See Statement 2	Program Service Expen
organizations must describe their exempt purpose ants served, publications issued, etc. Discuss achievementions and 4947(a)(1) nonexempt charitable trusts m	achievements in a clear and concise manner. State the number of ants that are not measurable. (Section 501(c)(3) and (4) organust also enter the amount of grants and allocations to others.)	f (Required for 501 (c)(3) a (4) organizations and 4947(a)(1) trusts; but optional for others.)
a SCIENTIFIC RESEARCH PROJECTS FO	OR ENVIRONMENTAL IMPROVEMENTS. ION AND MEASUREMENTS INCLUDING THE	
DEVELOPEMENT OF PROTOTYPE INST		1
AND MEASUREMENT.		
(Grants and allocations \$) If this amount includes foreign grants, check here	318,598
b		010,000
(Grants and allocations \$) If this amount includes foreign grants, check here >	
c	y mens amount molecus foreign grants, check here	
		ł.
	,	
(Grants and allocations \$) If this amount includes foreign grants, check here	
'		
(Grants and allocations \$) If this amount includes foreign grants, check here >	
Other program services	aran.	
(Grants and allocations \$) If this amount includes foreign grants, check here	
	line 44, column (B), Program services)	318,598
A		Form 990 (2007

Part IV Balance Sheets (See the instructions.)			JOI Tage
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45 Cash – non-interest-bearing.	4,543	. 45	-1,691
46 Savings and temporary cash investments	40,144	. 46	31,416
47a Accounts receivable 47a 46, 203		4	
47a Accounts receivable 47a 46,203 b Less: allowance for doubtful accounts 47b		PALE 1	46 000
5 2000. Chomanice for doubling accounts.	11,242.	47 c	46,203
48a Pledges receivable	36	20.	
b Less: allowance for doubtful accounts		48 c	
49 Grants receivable		49	
50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	904.	50 a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
51 a Other notes and loans receivable		0.25	
(attach schedule) 51 a		2200	
b Less: allowance for doubtful accounts		51 c	
52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges.		53	
54a Investments – publicly-traded securities Cost FMV		54 a	
b Investments – other securities (attach sch)		54 b	
5 5 50		. Was	
b Less: accumulated depreciation (attach schedule). 55b		55 c	
56 Investments – other (attach schedule)		56	
57a Land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)	19,981.	57 c	193,784.
58 Other assets, including program-related investments			
(describe ► See Statement 4	7,010.	58	5,760.
59 Total assets (must equal line 74). Add lines 45 through 58	83,824.	59	275,472.
Accounts payable and accrued expenses.	29,825.	60	28,759.
61 Grants payable		61	
Deferred revenue		62	
Loans from officers, directors, trustees, and key			
employees (attach schedule)		63	
b Mortgages and other notes payable (attach schedule)		64a	
CE Ober Balding Annuals -		64 b	
Total liabilities. Add lines 60 through 65	2.	65	20 750
Organizations that follow SFAS 117, check here ► X and complete lines 67	29,827.	66	28,759.
through 69 and lines 73 and 74.		130	
67 Unrestricted	53,997.	67	246 712
Temporarily restricted.	33,331.	68	246,713.
9 Permanently restricted		69	
rganizations that do not follow SFAS 117, check here F and complete lines		05	
70 through 74.			
O Capital stock, trust principal, or current funds.	ľ	70	
Paid-in or capital surplus, or land, building, and equipment fund		71	
Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances, Add lines 67 through 69 or lines 70 through			
72. (Column (A) must equal line 19 and column (B) must equal line 21)	see where the	73	246,713.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	THE PROPERTY OF THE PROPERTY O	74	275,472.
			Form 990 (2007)

-	Reconciliation of Reve	nao poi Addited i maner	ar Staterne	iits witt	Revenue	per Ketu	rn (See the
а	Total revenue, gains, and other supp	ort per audited financial staten	nents				697,475
b	Amounts included on line a but not o	n Part I, line 12:				200	057,475
	1 Net unrealized gains on investments.			67		1	
	2Donated services and use of facilities			b2			<u> </u>
	3Recoveries of prior year grants		serence on contract and contract	b3		G.	
	4Other (specify):						
	Add lines b1 through b4			b4		1	
C	Subtract line b from line a						697,475
d	Amounts included on Part I, line 12, t	out not on line a:				25	051,413
	1 Investment expenses not included on	Part I, line 6b		dil			
	Add lines d1 and d2			d2			
е	Total revenue (Part I, line 12). Add lin	es c and d				▶ 0	607 475
Pa	rt IV B. Reconciliation of Exper	ises per Audited Financi	ial Stateme	nts with	Expense	s per Ret	urn
а	Total expenses and losses per audited	financial statements					504 750
b	Amounts included on line a but not on	Part L line 17		*:*:*:*:		a.,,,, a	504,759
	1 Donated services and use of facilities.			1 64			
	2Prior year adjustments reported on Pa	rt I line 20		011		The same of the sa	
	3Losses reported on Part I, line 20	111, 111, 10, 20,	******	b2 b3			
	4Other (specify):		**********	0.3			
				b4		25	
C	Add lines b1 through b4		***			b	
d	Subtract line b from line a	it not on the av	Y 1 1 Y 2 K 2 K 4 1 K 4	101000000000000000000000000000000000000		C	504,759
7.7				1			
	1 Investment expenses not included on a 20ther (specify):	-art I, line 6b					
				d2		2	
0	Add lines d1 and d2.	nor a part of				d	
Pai	Total expenses (Part I, line 17). Add li	ors Trustees and Key Fr	mployoos	VI tak asat	1111-11-11-	► e	504,759.
	Current Officers, Director or key employee at any time d	uring the year even if they wer	e not comper	(List each	See the instri	was an off uctions.)	icer, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Comper (if not p enter -	nsation aid,	(D) Contrib employee plans and compensati	utions to benefit deferred	(E) Expense account and other allowances
	MARC BAUM	CEO		0.		0.	0.
	5 S. EUCLID AVE	4 0					
	ADENA, CA 91106						
	DY_CANO	SECRETARY		0.		0.	0.
	1/2 N ATLANTIC AVE AMBRA, CA 91801	0					
	HARD GARRETT	CFO		0.		0.	0
510	5 CALIFORNIA AVE	1		0.		0.	0.
	G BEACH, CA 90805						The State
	~~~~						
AA		TE 2444	100107				
1/4		TEEA0105L 08	102/07				Form 990 (2007)

Part V-A Current Officers, Directors, Tr			95-4680	)961 Page
75a Enter the total number of officers, directors, and trustees	permitted to wate on accessors	mployees (continue	ea)	Yes No
b Are any officers, directors, trustees, or key en	mployees listed in Form	n 990, Part V-A, or high	est compensated emplo	
identifies the individuals and explains the rela	ugn family or business ationship(s)	relationships? If 'Yes,'	attach a statement that	75h X
c Do any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	he definition of 'related	ons, whether tax exemp l organization'		ees dule
If 'Yes,' attach a statement that includes the i	nformation described in	n the instructions.		<b>持有一种,</b>
d Does the organization have a written conflict	of interest policy?			75d X
Part V-B. Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below the instructions.)	stees, and Key En	ployees That Rece	eived Compensatio	n or Other
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None			The state of the s	
=======================================				
		7.8		
		1		
Part VI Other Information (See the instr	uctions.)			Yes No
76 Did the organization make a change in its activ	rities or methods of con	iducting activities?		
If 'Yes,' attach a detailed statement of each charge.  77 Were any changes made in the organizing or g	ange			76 X
If 'Yes,' attach a conformed copy of the change	ec	it not reported to the IR	52	77 X
78a Did the organization have unrelated business g		or more during the year	conversed by this set	70
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?	or more during the year	covered by this return?	78a X 78b N/A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement.	or substantial contrac	stion during the		
80 a Is the organization related (other than by associ membership, governing bodies, trustees, officer				
h If 'Voc ' ontor the name of the	3T / 3			80a X
The senter the name of the organization	and che	ck whether it is exe	empt or nonexemp	ot.
81 a Enter direct and indirect political expenditures.	(See line 81 instruction	is.)	81 a	0
b Did the organization file Form 1120-POL for this	year?			81 b Х
AA				Form 990 (2007)

line 12	20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		86a	N/A	
	line 12, for public use of club facil	(Name	86b	N/A	
				- 1029000A	
501(c)(12) organizations. Et	nter: a Gross income from memb	ers or snarenoiders	87a	N/A	
Gross income from other so against amounts due or rece	ources. (Do not net amounts due o eived from them.)	r paid to other sources	87ь	N/A	
At any time during the year, or an entity disregarded as If 'Yes,' complete Part IX	, did the organization own a 50% of separate from the organization unit	or greater interest in a taxa der Regulations sections 30	ble corporation or p 11,7701-2 and 301.	partnership, 7701-3? 88a	X
At any time during the year, section 512(b)(13)? If 'Yes,'	did the organization, directly or in complete Part XI	ndirectly, own a controlled e	entity within the me	eaning of	X
501(c)(3) organizations. Ent	er: Amount of tax imposed on the	organization during the year	ar under:		
section 4911 >	0 . ; section 4912 ►	0.; section	n 4955 ►	0.	
explaining each transaction	anizations. Did the organization en ome aware of an excess benefit tr	gage in any section 4958 e ansaction from a prior year	xcess benefit trans ? If 'Yes,' attach a	saction statement 89b	X
	ed on the organization managers ( 955, and 4958			0.	
Enter: Amount of tax on line	e 89c, above, reimbursed by the or	ganization		0.	
All organizations. At any tim	ne during the tax year, was the org	anization a party to a proh	ibited tax shelter tr	ansaction? 89e	X
For supporting organizations organizations or a fund main the year?	s and sponsoring organizations manatained by a sponsoring organization	aintaining donor advised fur on, have excess business h	nds. Did the support oldings at any time	rting e during 89 g	X
	copy of this return is filed > Not	ne			
Number of employees employees (See instructions.)	oyed in the pay period that include	s March 12, 2007		90 ы	0
The books are in care of	DR MARC BAUM	Telephone	number ► 62	6 817-0883	
Located at ► 2275 E FOO				+4 ► 91107	
	ndar year, did the organization hav n country (such as a bank account	e an interest in or a signate, securities account, or other	ure or other author er financial accoun	ity over a 91 b	Yes No
f 'Yes,' enter the name of the	foreign country >				
See the instructions for exce Financial Accounts.	eptions and filing requirements for	Form TD F 90-22.1, Report	of Foreign Bank a	ind	
				Form	990 (2007)
The section of	TEEA	0107L 09/10/07	Collection Town		
	SF 1617	The H	Calaba a	24.0	
		194			

	No X
	X
If 'Ves' enter the name of the foreign country.	
If Yes, enter the name of the foreign country	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	
and enter the amount of tax-exempt interest received or accrued during the tax year.   Analysis of Income-Producing Activities (See the instructions.)	I/A
Unrelated business income Excluded by section 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.  (A) (B) (C) (D) Related or exemply function income. Exclusion code Amount function income.	
93 Program service revenue:	
a MISC 1,33	
b RESEARCH PROJ. & TECH 108,86	٥٥.
c	
d	
e	
f Medicare/Medicaid payments	
g Fees & contracts from government agencies	-
95 Interest on savings & temporary cash invents . 96 Dividends & interest from securities .	
97 Net rental income or (loss) from real estate:	É
a debt-financed property	of particular to
b not debt-financed property.	_
98 Net rental income or (loss) from pers prop	
99 Other investment income	
100 Gain or (loss) from sales of assets other than inventory.	
101 Net income or (loss) from special events	_
102 Gross profit or (loss) from sales of inventory	
103 Other revenue: a	<b>医</b>
b	
C	
d	
104 Subtotal (add columns (B), (D), and (E))	15
	_
105 Total (add line 104, columns (B), (D), and (E)) 110,19  Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.	
Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)	
Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment	
of the organization's exempt purposes (other than by providing funds for such purposes).	
N/A	
TO CONTROL OF THE SECOND SECON	-71
	H.
· · · · · · · · · · · · · · · · · · ·	14.2
Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)	1
(A) (B) (C) (D) (E)	
Name, address, and EIN of corporation, Percentage of Nature of activities Total End-of-year	
partnership, or disregarded entity ownership interest income assets	200
N/A	HIS
8	
8	TITO
Rait X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)	100
	_
b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	
Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).  BAA "EEA0108L 12/27/07 Form 990 (2)	007)

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Par	FXI	Informatio	n Regarding Transfers To an on is a controlling organizatio	nd From Controlled	Entities. Compation 512(b)(13)	olete only if t	he		
		organizatio	in is a controlling organization	77 05 0577700 117 500	11011012(0)(10)	-		Yes	No
106	Did 'Ye:	the reporting o	organization make any transfers to a	a controlled entity as de	efined in section 51	2(b)(13) of the (	Code? If		Х
		Nam	(A) e, address, of each controlled entity	(B) Employer Identificati Number	on Descr tra	(C) iption of insfer	Amount	D) of tran	sfer
а									
b									
c				7					
			Totals						
107	Did 'Ye	the reporting o	organization <b>receive</b> any transfers <b>fr</b> e schedule below for each controlled	rom a controlled entity of	as defined in section	on 512(b)(13) of	the Code? If	Yes	No
		Nam	(A) ee, address, of each controlled entity	(B) Employer Identificati Number	on Descr	(C) iption of insfer	Amount	D) of tran	sfer
а									
ь									
с									
			Totals		当体生计			I Second	
108	Did ann	the organization	on have a binding written contract in d in question 107 above?	effect on August 17, 2	006, covering the i	nterest, rents, ro	yalties, and	Yes	No X
Plea		>	perjury, I declare that I have examined this retu- complete. Declaration of preparer (other than off	rn, including accompanying scl icer) is based on all information	hedules and statements, a n of which preparer has a		knowledge and b	ellef, it is	in.
Sign Here		Signature of or  Type or print r				Date			
Paid Pre-		Preparer's signature			Date	Chack if self- employed ►	Preparer's SSN Genera Instructi N/A	or PTIN ion X)	See
pare Use Only		Firm's name (or yours if self- employed).	Dalton & Garrett 2925 1/2 Main Street Santa Monica, CA 9040	5		EIN ► N/A	2 422-96	96	
BAA		ZIP + 4	Danta Monica, CA 9040:			Frione no 30		990	(2007)

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

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization			Employer identification	number
OAK CREST INSTITUTE OF SCIENCE			95-4680961	
Compensation of the Five High (See instructions. List each one			s, Directors, an	d Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
		0.	0.	0.
Total number of other employees paid over \$50,000	(			
Compensation of the Five High (See instructions. List each one	est Paid Independent C	ontractors for Pr	ofessional Ser	vices None.')
(a) Name and address of each independent contract		(b) Type		(c) Compensation
NONE				
				0.
		=		
		_		
		-		
Total number of others receiving over	7			
\$50,000 for professional services   Part II B Compensation of the Five High		The second secon	her Services	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(List each contractor who perfor firms. If there are none, enter 'N	med services other than			individuals or
(a) Name and address of each independent contract	tor paid more than \$50,000	<b>(b)</b> Type o	of service	(c) Compensation
None				
	Et l			
		ATTICL THE		0.0
Total number of other contractors receiving over \$50,000 for other services	0			The State of the S

N/A

N/A

N/A

0

0.

Did the organization make a distribution to a donor, donor advisor, or related person?

d Enter the total number of donor advised funds owned at the end of the tax year.

Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of

amounts in such funds or accounts....

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year...

Page 3

Tota	L					TELEVISION OF			
	The state of the s					0.			
		elov			Military				
	AND AND VENEZION			14/18					
		Live -				100 21: 7:			
				Yes	No				
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported		(e) Amount of support			
	Type I Type II		nally Integrated out the supported organiz	Type III					
13	from activities related to its charitable from gross investment income and user organization after June 30, 1975. See An organization that is not controlled requirements of section 509(a)(3).	inrelated business taxable e section 509(a)(2). (Also	e income (less section 511) complete the Support Sc	managers)	and otherwise	uired by the			
12	An organization that normally receiv	es: (1) more than 33-1/3%	of its support from contril	outions, mer	nbership fees	, and gross receipts			
11 6	A community trust. Section 170(b)(1	)(A)(vi). (Also complete the	ne Support Schedule in Pa	art IV-A.)					
11 a	An organization that normally receive Section 170(b)(1)(A)(vi). (Also comp	es a substantial part of its lete the <b>Support Schedu</b>	s support from a governme le in Part IV-A.)	ntal unit or	from the gene	eral public.			
10	An organization operated for the ber (Also complete the Support Schedu	nefit of a college or universite in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Sec	tion 170(b)(1)(A)(iv).			
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state								
8	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).								
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
6	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
5	A church, convention of churches, or	association of churches.	Section 170(b)(1)(A)(i).						
	(E) A72								

Page 4

	IV-A Support Schedule (					nting.
Note	: You may use the worksheet in th	ne instructions for a	onverting from the acc	rual to the cash method	of accounting.	
	ndar year (or fiscal year nning in).	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)			215,135.	374,788.	589,923.
16						0.
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose			234,255.	234,255.	468,510.
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalities, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975.					0.
19	Net income from unrelated business activities not included in line 18.					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23	Total of lines 15 through 22			449,390.	609,043.	1,058,433.
24	Line 23 minus line 17			215,135.	374,788.	589,923.
25	Enter 1% of line 23			4,494.	6,090.	
26				column (e), line 24		11,798.
1	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	or 2003 through 2006 ex	ceeded the amount shown in	her than a governmental unit o line 26a. Do not file this list v	vith your	
	Total support for section 509(a)(1	) test: Enter line 2	4, column (e)		► 26c	589,923.
	Add: Amounts from column (e) for	or lines: 18 _		19	1	A STATE OF THE PARTY OF THE PAR
		22		26 b		
	Public support (line 26c minus lin	ne 26d total)			► 26e	589,923.
- 1	Public support percentage (line :	26e (numerator) di	vided by line 26c (deno	ominator))	► 26f	100.00 %
27	Organizations described on line a For amounts included in lines 15, name of, and total amounts receisuch amounts for each year:  (2006)	, 16, and 17 that wived in each year fi	om, each disquaimed	person. Do not me this	list with your return	. Enter the sum of
	b For any amount included in line to show the name of, and amoun \$5,000. (Include in the list organi After computing the difference be	17 that was received it received for each zations described atween the amount	d from each person (ol year, that was more the n lines 5 through 11b, received and the large	ther than 'disqualified penan the larger of (1) the as well as individuals.) It amount described in (	ersons'), prepare a li amount on line 25 fo Do not file this list w 1) or (2), enter the so	st for your records or the year or (2) ith your return. urn of these
	(2006)	(2005)	(2004) -		(2000)	
	differences (the excess amounts) (2006) Add: Amounts from column (e) for 17 Add: Line 27a total Public support (line 27c total min Total support for section 509(a)(2)	20 20		21	27 c	
1	Add: Line 27a total		and line 27b total	100000	27 d	
- 6	Public support (line 27c total min	us line 27d total).			► 27e	
	Total support for section 509(a)(2	2) test: Enter amou	nt from line 23, column	n (e) ► 27f		Contract of
8	Public support percentage (line	27e (numerator) di	vided by line 27f (deno	minator))	> 27g	
1	Investment income percentage (	line 18, column (e)	(numerator) divided b	y line 27f (denominator)	)) ► 27 h	90
28	Unusual Grants: For an organiza	tion described in li	ne 10 11 or 12 that re	ceived any unusual gra-	nts during 2003 throu	ugh 2006, prepare a description of the

ai	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
20	other governing instrument, or in a resolution of its governing bodyr.	29		546 F-9
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
	CONT. 50. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	эш. ^Д		
31	the period of solicitation for students, or during the registration period it it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	6	, P.	
		-		
				i i
32	Does the organization maintain the following:			
-	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	32b		-
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32 c		
	with student admissions, programs, and scholarships?  d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	d Copies of all material used by the organization of of its benefit to solicit contribution.	The second		(j - a
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	Variation of the second		
				1000
33	Does the organization discriminate by race in any way with respect to:			
		33a		
	a Students' rights or privileges?	300		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 0		
	d Scholarships or other financial assistance?	330	_	
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		] ]W
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			3
				þ)
		2/1-		
34	a Does the organization receive any financial aid or assistance from a governmental agency?			
	b Has the organization's right to such aid ever been revoked or suspended?	341		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			Sept.
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		
	Colored to A /Comp	00 00 0	00 57	2007

art	Lobbying Ex	penditures by Electi d ONLY by an eligible or	ng Public Charit ganization that filed F	es (See instruction 5768)	tions.)			N/A	
hor		ation belongs to an affilia		▶ b if you	checked 'a' a	nd 'limite	ed contr		
HEC	Li	mits on Lobbying E	xpenditures	4.	Affi	(a) liated gro totals	oup	To be o	(b) completed electing
		'expenditures' means am			36			organ	izations
36	Total lobbying expenditu	ires to influence public op	ninion (grassroots lob	vina)	37				
7	Total lobbying expenditu	ires to influence a legislatures (add lines 36 and 37)	live body (direct lobb	yiligy	38				
8	Other exempt purpose e				39				
19	Other exempt purpose e	xpenditures (add lines 38	40				electivity of		
1	obbying nontaxable arr	ount. Enter the amount f	rom the following tab	le -					
	If the amount on line 40	is - The lol	bbying nontaxable a	mount is -			W. F		
	Not over \$500,000	20% of	f the amount on line	40					
	Over \$500,000 but not over \$1,	000,000	plus 15% of the excess of	ver \$500,000	41		- HIGH	3020	A A
	Over \$1,000,000 but not over \$	1,500,000. \$175,000	plus 10% of the excess of	ver \$1,000,000					
	Over \$1,500,000 but not over \$	17,000,000 \$225,000 \$1,000	DOUG 376 OF THE EXCESS OF	er \$1,500,000					77414
12	Grassroots poptavable s	amount (enter 25% of line	41)		42		1.77.2-01(0.0)		
13	Subtract line 42 from lin	e 36. Enter -0- if line 42	is more than line 36.		43				
14	Subtract line 41 from lin	ne 38. Enter -0- if line 41	is more than line 38.		44			- 1 N 30	
	Caution: If there is an a	amount on either line 43 o			但到於国际			BOW STATE	
	(Some organ	izations that made a sect	veraging Period lion 501 (h) election di the instructions for li	not have to cor	nplete all of	he five c	olumns	below.	
			Lobbying Expend	ditures During 4	-Year Averag	ing Peri	od		
	Calendar year (or fiscal year beginning in) ►	(a) 2007	<b>(b)</b> 2006	(c) 2005		(d) 2004		1	(e) Total
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount								
49	Grassroots ceiling amount (150% of line 48(e))						1		
50	Grassroots lobbying expenditures								
ar	Lobbying A	ctivity by Nonelectin	ng Public Charitie	et VI-A) (See ins	tructions.)			N/A	
	(For reporting of	only by organizations that	nes estional state of	local legislation	including ar	v I	744		
uri	ng the year, did the orga	nization attempt to influe pinion on a legislative ma	atter or referendum, t	hrough the use of	f:	Ye	s No	A	mount
	Valuatoore								
,	Paid staff or managem	ent (Include compensatio	n in expenses report	ed on lines c thro	ough <b>h.</b> )				
	Media advertisements					****	_		
	d Mailings to members.	egislators, or the public.					-		
	- Publications or publish	ed or broadcast statemer	nts			adisa.			
	f Grants to other organiz	ations for lobbying purpo	ses	logislative body	7772 PER ER E				
	g Direct contact with legi	siators, their staffs, gover	rnment officials, or a	or any other mes	ins				
	h Rallies, demonstrations	s, seminars, conventions, tures (add lines c through	speeches, lectures,	or any other mee					
	I total lobbying expendi	tures (add lines & through ve, also attach a statement	giving a detailed desc	ription of the lobb	ying activities.				
	ii Tes to any or the abo	vo, also attacif a state-from				Schedu	le A (Fo	orm 990 or	990-EZ)

#### Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: No 51 a (i) X X a (ii) b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization..... b (i) X b (ii) (iii)Rental of facilities, equipment, or other assets..... b (iii) (iv)Reimbursement arrangements. X b (iv) (v)Loans or loan guarantees b (v) (vi)Performance of services or membership or fundraising solicitations X b (vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (c) Name of noncharitable exempt organization (a) (b) Amount involved (d) Line no. Description of transfers, transactions, and sharing arrangements N/A 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?... b If 'Yes,' complete the following schedule: (a) Name of organization (c) Description of relationship Type of organization N/A

BAA

95-4680961

Statement 1 Form 990, Part II, Line 43 Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
AUTOMOTIVE EXPENSES	3,072.		3,072.	
BANK CHARGES CERTIFICATIONS	120. 310.		120. 310.	
COMPUTER EXPENSES	4,054.	1,195.	2,859.	antanggi o
CONTRACT LABOR DONATION	73,770.	59,188.	14,582.	
DUES AND SUBSCRIPTIONS	50. 739.		50. 739.	_
EQUIPMENT REPAIR	4,327.	3,619.	708.	
FRANCHISE TAX GENERAL LIABILITY INSURANE	20. 4,132.	IMPR SENTS	20.	-/14
INTERNET COSTS	1,550.	LEFT SERIES	PROJEC 4, 132.	lalajak i
JANITORIAL LA CO PERS PROPERTY TAXES	2,524.		2,524.	
LAB DEPOSIT EXPENSE	350. 500.	500.	350.	
MEDICAL INSURANCE MICSCELLANOUS	16,087.	A HARALINE TO THE REST OF THE PARTY OF THE P	16,087.	nutriality of
O&D INSURANCE	624. 1,270.		624. 1,270.	
PAYROLL PROCESSING	880.		880.	
professional developement PROJECT SUPPLIES	920. 46,079.	20 747	920.	
REPAIRS	2,195.	29,747.	16,332. 2,195.	100
RESEARCH FUNDING RESEARCH MATERIALS	1,097.	1,097.	ek v	70.
SECURITY	26,040. 125.	26,040.	125.	du.
SUPPLIES - OTHER UTILITIES	615.		615.	7.0
WORKERS COMPENSATION INS	16,822. -178.	14,299.	2,523. -178.	A-1
Total	\$ 208,094.	\$ 135,685.	\$ 72,409.	\$ 0.

Statement 2 Form 990 , Part III Organization's Primary Exempt Purpose

SCIENTIFIC RESEARCH PROJECTS FOR ENVIRONMENTAL IMPROVEMENTS. PROJECTS RELATED TO AIR POLUTION AND MEASUREMENTS INCLUDING THE DEVELOPEMENT OF PROTOTYPE INSTRUMENTS

Statement 3 Form 990, Part IV, Line 57 Land, Buildings, and Equipment

Category		Basis	Accum. Deprec.	Book Value
Furniture and Fixtures Machinery and Equipment Improvements	\$	1,706. 246,642. 12,475.	\$ 1,366. 57,700. 7,973.	\$ 340. 188,942. 4,502.
	Total 🕏	260,823.	\$ 67,039.	\$ 193,784.

	, odera	State	ments	>	Page 2
	OAK CREST IN	STITUTE	OF SCIE	ENCE	95-4680961
Statement 4 Form 990, Part IV, Line 58 Other Assets  LEASE DEPOSIT UTILITIES DEPOSIT WORKERS COMPENSATION DEPOSIT				s Total <u>\$</u>	3,250. 120. 2,390. 5,760.
					b=Y
					= 4
			V6	military arrange	15.86 (Class
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(4) =				er g	

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