DLN: 93493323009194

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at www.IRS.gov/form990

2013

Open to Public Inspection

OMB No 1545-0047

| A Fo | r the 2 | 013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31 | -2013 | | | | | | | | |
|--------------------------------|---------------------|---|---|-------------------------------|----------|-------------------------|--|--|--|--|--|
| B Che | eck ıf ap | plicable C Name of organization The Foresight Institute | | D Employe | er ider | ntification number | | | | | |
| Add | dress cha | ange | | 77-011 | 9168 | 3 | | | | | |
| Naı | me chan | Doing Business As | Doing Business As | | | | | | | | |
| _ | tial returi | PO Roy 61059 | Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | |
| | mınated | | | (650)2 | 89-0 | 860 | | | | | |
| Am | ended re | eturn City or town, state or province, country, and ZIP or foreign postal code Palo Alto, CA 94306 | | | | | | | | | |
| App | plication | pending | | G Gross red | eipts \$ | 950,048 | | | | | |
| | | F Name and address of principal officer | | this a group r bordinates? | eturn | for | | | | | |
| | | | 54 | boramates | | , , , , , , , , , | | | | | |
| | | | | e all subordin | ates | ┌ Yes 🔽 No | | | | | |
| I Ta | x-exem _l | pt status | | :luded? "No," attach a | ılıst | (see instructions) | | | | | |
| J W | ebsite | : ► www foresight org | H(c) G | roup exemptio | n nun | nber ► | | | | | |
| K Forr | n of org | anization | L Year o | f formation | м | State of legal domicile | | | | | |
| Pa | rt I | Summary | | | ' | | | | | | |
| | 1 B | riefly describe the organization's mission or most significant activities | | | | | | | | | |
| | _ <u>_</u> | echnology Education | | | | | | | | | |
| <u>မ</u> ို | - | | | | | | | | | | |
| 喜 | | | | | | | | | | | |
| Activities & Governance | 2 C | heck this box দ if the organization discontinued its operations or disposed of | more tha | n 25% of its r | et as | sets | | | | | |
| Ŭ | _ , | Lumban of the boundary of the management by the (Doublet Line 10) | | ı | _ | l , | | | | | |
| න් ග | | lumber of voting members of the governing body (Part VI, line 1a) | | • • | 3 4 | 3 | | | | | |
| ₽ | | lumber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2013 (Part V, line 2a) | | | 5 | 0 | | | | | |
| ₹ | | otal number of volunteers (estimate if necessary) | | • • • | 6 | 0 | | | | | |
| đ | | otal unrelated business revenue from Part VIII, column (C), line 12 | | • • | 7a | 0 | | | | | |
| | 1 | let unrelated business taxable income from Form 990-T, line 34 | | | 7b | | | | | | |
| | | · | | rior Year | Ť | Current Year | | | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 175,80 | 3 | 761,037 | | | | | |
| 를 | 9 | Program service revenue (Part VIII, line 2g) | | 74 | 15 | 24,065 | | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 5,7: | 14 | 28,876 | | | | | |
| ď | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 24 | 19 | 157 | | | | | |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 182,5 | 11 | 814,135 | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | | \top | 21,001 | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | 0 | | | | | |
| ge. | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$) | | 12,00 | 00 | 10,000 | | | | | |
| Demses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | | 0 | | | | | |
| ਡੈ | ь | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,631 | | | | | | | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 138,78 | 30 | 178,327 | | | | | |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 150,78 | 30 | 209,328 | | | | | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | 31,7 | 31 | 604,807 | | | | | |
| Net Assets or Fund Balances | | | Beginn | ing of Current Year | : | End of Year | | | | | |
| SSe. | 20 | Total assets (Part X, line 16) | | 380,26 | 55 | 945,461 | | | | | |
| AB AE | 21 | Total liabilities (Part X, line 26) | | 37,4: | 3 5 | 11,892 | | | | | |
| žĒ | 22 | Net assets or fund balances Subtract line 21 from line 20 | | 342,83 | 30 | 933,569 | | | | | |
| Pai | rt II | Signature Block | | | | | | | | | |
| | | ties of perjury, I declare that I have examined this return, including | | | | | | | | | |
| my kı | nowled | ge and belief, it is true, correct, and complete Declaration of prepar | | | | | | | | | |

Paid
Preparer
Use Only

Signature of officer

Paul Melnyk President
Type or pint name and title

Print/Type preparer's name
Tammy M Kettler CPA

Firm's name ► SnowBittleston & CoCPASLLP

Firm's address ► 250 North Santa Cruz Avenue

Los Gatos, CA 950307228

May the IRS discuss this return with the preparer shown above? (see instruction

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

| | Check if Schedule O c | |
|---|---|---|
| | neck if Schedule O contains a response or note to any line ir | |
| | te to any line in this Part III | • |
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| CHECK II SCHEdule O COHCAINS A LESPONSE OF HOLE TO ANY HIRE HI CHIS FAILLIII |
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| Briefly describe the organization's mission |
| chnology Education |
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| |
| Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| If "Yes," describe these new services on Schedule O |

If "Yes," describe these changes on Schedule O 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 Describe the organization's program service accomplishments for each of its three largest program services, as measured by

ω

Did the organization cease conducting, or make significant changes in how it conducts, any program

Yes V No

•

&) (Expenses \$ 79,091 including grants of \$) (Revenue \$

Technology Education ProgramsSince 1989, Foresight has produced conferences known for their technical focus and multi-disciplinary environment. Foresight's Vision Weekends and Workshops feature candid, accessible discussions with leading thinkers on the future of emerging technologies. In 2013 Foresight held the Foresight development and application of molecular manufacturing and transformative nanotechnologies research and visions. Public outreach efforts include lectures understandable by general audiences as well as specialists. Focus areas for 2013 included the Technical Conference. This conference featured several dozen leading scientists and technologists speaking on a variety of nanotechnology related developments,

4 (Code) (Expenses \$ 44,036 including grants of \$) (Revenue \$

Group to International Standards Organization's Technical Committee on Nanotechnologies help shape policy relating to emerging transformative technologies. Foresight serves as a member of American National Standards Institute's Technical Advisory Policy Research and EducationForesight initiates public policy discussions, develops policy positions, briefs media and policy makers, and collaborates with others to

4 PrizesTechnology prizes have helped push the envelope in developing enabling technology and achieving milestones. Foresight awards are several of the premier research awards in the nanotechnology field, including the Feynman Prizes in Nanotechnology (one each for Experiment and Theory) and the Foresight Distinguished Student Prize In addition the Foresight Feynman Grand Prize will be awarded to the first person or group to meet specific criteria for constructing) (Expenses \$ 22,528 including grants of \$) (Revenue \$

nanoscale devices, a key milestone in developing molecular manufacturing methods and devices

<u>8</u> 4 Other program services (Describe in Schedule O Total program service expenses ► (Expenses \$ 21,253 including grants of \$ 166,908) (Revenue

Part IV 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 $A^{(2)}$ | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? * | 2 | Yes | |
| 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 | | No |
| | 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 | | No |
| 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 | | No |
| 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^{\square} | 6 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼 | 8 | | No |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ | 10 | | No |
| 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 | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | <u> </u> |
| | 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 | | No |
| | 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 | | No |
| | 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 | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| 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 | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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 | | No |
| 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 | | No |
| 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 | Yes | |
| 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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| | · · · | | | | | |
|-----|---|-----|-----|----|--|--|
| Par | t IV Checklist of Required Schedules (continued) | | | | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No | | |
| 22 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | | | | |
| 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 | | | | | |
| 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 | | No | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No | | |
| 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 | | No | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No | | |
| 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 | | No | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | No | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i> | 27 | | No | | |
| 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, or key employee? If "Yes," complete Schedule L, Part IV | | | | | |
| | | 28a | | No | | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No | | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No | | |
| 29 | Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo | | |
| 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 | | Νo | | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo | | |
| 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 | | No | | |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No | | |
| 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 | | No | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No | | |
| 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 | | No | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No | | |
| 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 | | No | | |
| 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 | Yes | | | |

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | _ | _ | . [|
|----|---|-----|-----|------|
| | Shock if Senedate S contains a response of note to any fine in this fall V | Ħ | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 14 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| | 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 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | Νo |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Νo |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | Νo |
| | 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 | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5b | | |
| | tri res, to fine 3a or 3b, did the organization me rollin 8886-17 | 5c | | |
| | 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 | | Νo |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Νo |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Νo |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | Νo |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | 7h | | Νo |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | No |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | -110 |
| | Did the organization make any taxable distributions under section 4966? | 9a | | Νo |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | Νo |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | Νo |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | _ | | -, |
| | , , , | 14a | | Νo |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 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 in Schedule O Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? .. Νo 6 Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following **b** Each committee with authority to act on behalf of the governing body? Νo Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **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 12a Νo b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Νo c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Nο 13 Did the organization have a written whistleblower policy? 13 Νo 14 Did the organization have a written document retention and destruction policy? 14 Nο Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Nο 15b Νo 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 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

►Paul Melnyk PO Box 61058

Palo Alto, CA 94306 (650) 289-0860

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

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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

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more pers | than on is | one bot ecto | not box h an or/tr | c us employee | ess er | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|--------------|---------------|--------------------|-----------------------------|---------------|-----------|--|--|--|
| (1) Christine L Peterson | 20 00 | х | | | | | | 10,000 | 0 | 0 |
| Past President (2) James C Bennett | 0 00 | Х | | | | | | 0 | 0 | 0 |
| Director (3) Brad Templeton | 0 00 | | | | | | | | | |
| Director | 0 00 | Х | | | | | | 0 | 0 | 0 |
| (4) Steven Vetter | 1 00 | | | Х | | | | 0 | 0 | 0 |
| Secretary (5) Paul Melnyk | 0 00 | | | | | | | _ | | |
| President | 1 00 0 00 | | | Х | | | | 0 | 0 | 0 |
| (6) Steve Burgess | 0 00 | | | х | | | | 0 | 0 | 0 |
| Treasurer | 0 00 | | | ^ | | | | 0 | 0 | |
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| | | | | | | | | | | Form 990 (2013) |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| | week (list person is both an officer from the from related any hours and a director/trustee) organization (W- organizations (\) | | | | | | Reportable compensation from related organizations (W | /- | | | | | | |
|---|---|---|-----------------------------------|-----------------------|-----------|--------------|--|------------|------------|---------------------|-----------------------------|---|---------------------------------|----|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC) | 0 | rganizati relate organiza | ed |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b c | Sub-Total | | | | • | | • | F | | | | | | |
| d | Total (add lines 1b and 1c) . | | | | ٠. | ٠. | | • | | 10,000 | | | | |
| 2 | Total number of individuals (in \$100,000 of reportable compe | | | | | | d abov | e) w | ho receive | d more th | nan | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any fo on line 1a? <i>If "Yes," complete S</i> | • | | | | key • | emplo | yee, • | or highes, | t compen | sated employee | 3 | | Νo |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such | | | | | | | | | | | | | | |
| 5 | Did any person listed on line 1 | a receive or acc | rue cor | npen | • satı | • on fr | om any | • / unr | elated org | · · · janization | or individual for | 4 | | No |
| | services rendered to the organ | nization? If "Yes | ," compl | ete S | ched | ule 3 | l for su | ch pe | erson . | | | 5 | | No |
| Se | ction B. Independent Co | ntractors | | | | | | | | | | | | |
| 1 | Complete this table for your five compensation from the organization | e highest comp | | | | | | | | | | | tax vear | |
| | | (A) lame and business | | | | | | | | | (B) cription of services | | (C Comper |) |
| | | | | | | | | | | | | | • | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Fotal number of independent co | | | not | lımıt | ed t | o those | list | ed above) | who rece | ived more than | T | | |

| Form 99 | | | | | | | | Page S |
|---|----------|---|--|-----------------------|-----------------------------|--|---|--|
| Part V | ЛШ | | of Revenue ule O contains a respoi | nse or note to any lı | ne in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 2 2 | 1a | Federated cam | paigns 1a | | | | | |
| ant | ь | Membership du | ıes 1b | | | | | |
| و ق | c | Fundraising ev | ents 1c | | | | | |
| ar / | d | Related organiz | zations 1d | | | | | |
| % E | e | Government grant | s (contributions) 1e | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | | ons, gifts, grants, and 1f | 761,037 | | | | |
| but the | | similar amounts no | ot included above ions included in lines | | | | | |
| E O | g | 1a-1f \$ | ions included in lines | | | | | |
| ā ē | h | Total. Add line: | s 1 a - 1 f | | 761,037 | | | |
| <u> </u> | | | | Business Code | | | | |
| ren | 2a | Conference & Eve | nt Income | | 24,065 | 24,065 | | |
| æ | Ь | | | | | | | |
| MCA | ° | | | | | | | |
| Ž, | d | | | | | | | |
| 듵 | e f | All other progra | am service revenue | | | | | |
| Program Serwce Revenue | | | | | | | | |
| | g 3 | | s 2a-2f come (including dividen | | 24,065 | | | |
| | | and other simil | | | 1,946 | | | 1,946 |
| | 4 | | stment of tax-exempt bond | proceeds | 0 | | | |
| | 5 | Royalties . | (1) Pool | (u) Darsanal | 0 | | | |
| | 6a | Gross rents | (ı) Real | (II) Personal | | | | |
| | ь | Less rental expenses | | | | | | |
| | c | Rental income | | | | | | |
| | d | or (loss) Net rental inco | me or (loss) | | О | | | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 162,843 | | | | | |
| | ь | Less cost or other basis and | 135,913 | | | | | |
| | | sales expenses | · | | | | | |
| | C C | Gain or (loss) | 26,930 ss) | | 26,930 | | | 26,930 |
| | 1 | | from fundraising | | 20,330 | | | 20,330 |
| Other Revenue | | events (not inc | luding s reported on line 1c) | | | | | |
| 45 E | | | a | | | | | |
| Ě | 1 | | penses b | | 0 | | | |
| | | Gross income f | (loss) from fundraising from gaming activities ne 19 | events | 0 | | | |
| | ь | Less direct ex | a penses b | | | | | |
| | 1 | | (loss) from gamıng actı | vities | 0 | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | ь | Less cost of g | oods sold b | | | | | |
| | С | | (loss) from sales of inv | | 0 | | | |
| | 11- | Miscellaneou | | Business Code | 157 | 157 | | |
| | 11a b | Miscellaneous | Income | | 15/ | 15/ | | |
| | C | | | | | | | |
| | d | All other reven | | | | | | |
| | | | s 11a-11d | ▶ | | | | |

814,135

24,222

12 Total revenue. See Instructions

| Part | | | | | |
|---------|---|-----------------------|---|---|---------------------------------------|
| Section | on 501(c)(3) and 501(c)(4) organizations must complete all columns All | | | | |
| | Check if Schedule O contains a response or note to any line in this l | Part IX T | | | · · · · · · · · · · · · · · · · · · · |
| | ot include amounts reported on lines 6b, o, 9b, 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 governments and organizations in the United States See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 11,000 | 11,000 | | |
| 3 | Grants and other assistance to governments, | 11,000 | 11,000 | | |
| 3 | organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 10,001 | 10,001 | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 10,000 | 8,968 | 154 | 878 |
| 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 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| b | Legal | 2,700 | | 2,700 | |
| c | Accounting | 1,350 | | 1,350 | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 0 | | | |
| 12 | Advertising and promotion | 815 | 294 | | 521 |
| 13 | Office expenses | 3,340 | 2,663 | 651 | 26 |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 18,194 | 14,507 | 3,545 | 142 |
| 17 | Travel | 348 | 348 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 373 | 297 | 73 | 3 |
| 23 | Insurance | 3,241 | 2,584 | 632 | 25 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Other Direct Program Expenses | 74,407 | 74,407 | | |
| b | Contract Services | 57,604 | 35,727 | 21,877 | |
| c | Postage and Shipping | 4,675 | 3,728 | 911 | 36 |
| d | Bank Charges & Investment Mgmt | 3,493 | 433 | 3,060 | |
| e | All other expenses | 7,787 | 1,951 | 5,836 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 209,328 | 166,908 | 40,789 | 1,631 |
| 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 (2013) Page **11** 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 147,009 71,693 1 1 8,080 2 653 980 2 Savings and temporary cash investments . 3 0 3 Pledges and grants receivable, net Accounts receivable, net . 4 0 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 0 6 0 7 0 8 8 Inventories for sale or use 52.061 9 30,788 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 124,741 Part VI of Schedule D 10a 123,366 b Less accumulated depreciation 10b 1,748 10c 1,375 169.867 186 089 11 Investments—publicly traded securities 11 0 12 12 Investments—other securities See Part IV, line 11 . 0 13 Investments—program-related See Part IV, line 11 . . . 13 14 0 14 Intangible assets 1,500 1,536 15 15 380,265 945,461 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 6.598 2.606 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 30,748 19 9,196 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 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 89 90 25 37,435 26 11,892 26 **Total liabilities.** Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 172,963 749,240 27 Unrestricted net assets 27 169,867 184,329 28 28 Temporarily restricted net assets . . . 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

喜

33

34

933,569

945.461

342.830

380.265

33

34

| Form 990 |
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| (2013) |
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| Part | It XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | : ব |
|------------|--|--------------|-----|---------|
| Ľ | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 814,135 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 209,328 |
| ω | Revenue less expenses Subtract line 2 from line 1 | ω | | 604,807 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot . | 4 | | 342,830 |
| UI | Net unrealized gains (losses) on investments | 5 | | |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| œ | Prior period adjustments | & | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | -14,068 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 933,569 |
| Par | TEXTE Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII | • | • | ¬ |
| | | | Yes | No |
| H | Accounting method used to prepare the Form 990 | _ | | |
| 2a | . Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis | ed on | | |
| 5 | Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | ite . | 2Ь | Z o |
| C | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 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? | of the | 2c | |
| | organization changed either its oversight process or selection process during the tax yea ule O | | | |
| 3 a | . As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | 3a | Z o |
| ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | |

Form **990** (2013)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493323009194

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

| | | i e organ t Institute | ization | | | | | | Employer | ident it ic | cation n | umber | |
|---------|---------------------------|---------------------------------|-------------------------------------|--|---|---|--|--|---|-----------------------------|------------------------------|-------------------------------|---------------|
| iic i c | nesigni | institute | | | | | | | 77-01191 | .68 | | | |
| Pai | rt I | Reas | on for Pu | ıblic Charity Sta | tus (All org | ganızatıons | must comp | olete this p | art.) See ır | nstructi | ons. | | |
| he o | rganı | zatıon ıs | not a priva | te foundation becaus | eıtıs (Forl | ınes 1 throu | gh 11, check | only one bo | x) | | | | |
| 1 | \sqcap | A chur | ch, convent | ion of churches, or as | ssociation of | churches de | escribed in s e | ection 170(b |)(1)(A)(i). | | | | |
| 2 | Γ | A scho | ol described | d in section 170(b)(1 | .)(A)(ii). (At | tach Schedu | le E) | | | | | | |
| 3 | Γ | A hosp | ital or a cod | perative hospital se | rvice organiz | atıon descrı | bed ın sectio | n 170(b)(1) | (A)(iii). | | | | |
| 4 | Γ | | | h organization operat ity, and state | ted in conjun | ction with a | hospital desc | cribed in sec | tion 170(b)(| 1)(A)(i | ii). Ente | r the | |
| 5 | Г | | | erated for the benefi | t of a college | or universit | y owned or o | perated by a | government | tal unit o | describe | ed in | |
| | | sect ior | 170(b)(1)(| (A)(iv). (Complete P | art II) | | | | | | | | |
| 6 | Γ | A feder | al, state, or | local government or | government | al unit desci | rıbed ın secti | on 170(b)(1 |)(A)(v). | | | | |
| 7 | <u> </u> | describ | ed in sect ic | at normally receives on 170(b)(1)(A)(vi). | (Complete P | art II) | | _ | ntal unit or fi | rom the | general | public | : |
| 8 | Г | A com | munity trust | described in sect ior | 170(b)(1)(| A)(vi) (Com | iplete Part II | :) | | | | | |
| 9 | Г | An org | anızatıon th | at normally receives | (1) more th | an 331/3% o | fıts support | from contrıb | utions, mem | bershıp | fees, ar | ıd gros | s |
| | | receipt | s from activ | rities related to its ex | xempt functi | ons—subject | to certain e | xceptions, a | nd (2) no mo | re than | 331/3% | of | |
| | | ıts sup | port from gr | oss investment inco | me and unre | lated busine: | ss taxable ın | come (less s | section 511 | tax) fro | m busını | esses | |
| | | acquire | ed by the or | ganızatıon after June | 30,1975 S | ee section 5 | 09(a)(2). (C | omplete Par | tIII) | | | | |
| 10 | \sqcap | An org | anızatıon or | ganized and operated | d exclusively | to test for p | ublic safety | See section | 509(a)(4). | | | | |
| 11 | Γ | one or the box | more public that descr Type I | ' '' | ations descr orting organ Type II | ibed in secti ization and c I - Functiona | on 509(a)(1) omplete line ally integrate | or section! s 11e through d d 7 | 509(a)(2) S gh 11h Type III - No | ee secti on-funct | i on 509(tionally | a)(3). integra | Check ated |
| e | Γ | other t | | ox, I certify that the ion managers and otl | | | | | | | | | |
| f g | | check | this box | received a written do | | | | | | III sup | porting | organı | zation, |
| | | | ng persons? | | | | | | | | | | |
| | | | | irectly or indirectly of | • | | - | persons des | cribed in (ii) | ſ | 44 (1) | Yes | No |
| | | | | governing body of th | | | 17 | | | | 11g(i) | | |
| | | | - | er of a person descri | | | | | | | 11g(ii) | | |
| | | ` ' | | olled entity of a perso | | ., ., | | | | L | 11g(iii) | | <u> </u> |
| h | | Provide | the followi | ng information about | the supporte | ed organizati | on(s) | | | | | | |
| S |) Nam suppor ganiza | rted | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see | (iv) Is i organizati col (i) lis your gove docume | on in ted in rning | (v) Did you the organiz in col (i) o suppor | zation of your | (vi) Is organizat col (i) org in the U | ion in anized | (1 | vii) An mone sup | , |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | | | |

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.)

| S | ection A. Public Support | | | | | | | |
|----------|--|---|---|---|--|--|---|------------------|
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 20 | 13 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 166,391 | . 110,761 | 90,622 | 175,803 | | 761,037 | 1,304,614 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | (|
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | (|
| 4 | Total. Add lines 1 through 3 | 166,391 | . 110,761 | 90,622 | 175,803 | | 761,037 | 1,304,614 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column | 1 | | | | | | 261,590 |
| 6 | (f) Public support. Subtract line 5 from line 4 | 1 | | | | | | 1,043,024 |
| | ection B. Total Support | | | | | | | |
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 20 | 13 | (f) Total |
| 7 | A mounts from line 4 | 166,391 | 110,761 | 90,622 | 175,803 | | 761,037 | 1,304,614 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 5,942 | 8,553 | 13,623 | 5,714 | | 28,876 | 62,708 |
| 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 IV) | 2,257 | 741 | 1,171 | 249 | | 157 | 4,575 |
| 11 12 | Total support (Add lines 7 through 10) Gross receipts from related activiti | as ats (see instr | ructions) | | | 1421 | | 1,371,897 |
| 13 | First five years. If the Form 990 is this box and stop here | for the organization | on's first, second, | | | | | |
| | ection C. Computation of Pub | | | | | | | |
| | Public support percentage for 2013 | | | 11, column (f)) | | 14 | | 76 030 % |
| 15 | Public support percentage for 2012 | Schedule A, Part | t II, line 14 | | | 15 | | 69 530 % |
| b 17a | 33 1/3% support test—2013. If the and stop here. The organization qua 33 1/3% support test—2012. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization means are supported by the statement of 10%-facts-and-circumstances test 15 is 10% or more, and if the organization to 10%-facts-and-circumstances test 15 is 10% or more, and if the organization in Part IV how the organization to 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the 10% organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% or more, and if the organization the support of 10% o | alifies as a publich organization did n n qualifies as a pu —2013. If the orga tion meets the "fa ets the "facts-and —2012. If the orga nization meets the | y supported organ not check a box or blicly supported of inization did not c icts-and-circums -circumstances" inization did not c ! "facts-and-circu | nization In line 13 or 16a, organization heck a box on lin tances" test, che test The organiz heck a box on lin mstances" test, | e 13, 16a, or 16 ck this box and station qualifies as e 13, 16a, 16b, c check this box a | 1/3% or m b, and line stop here. s a publicl or 17a, an nd stop he | nore, che 14 Explain y suppoi d line ere. | eck this |
| 18 | supported organization Private foundation. If the organizationstructions | | | | | | | ' ▶⊏ ▶⊏ |

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

| (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under |
|--|
| Part II If the organization fails to qualify under the tests listed below please complete Part II \ |

| | stion A Dublic Cuppert | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | - / |
|------|--|-------------------|---------------------------|---------------------|--|--|------------------------|
| | ction A. Public Support | | | 1 | | 1 | |
| cale | ndar year (or fiscal year beginning in) 📂 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| - | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt | | | | | | |
| | purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or | | | | | | |
| _ | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on its | | | | | | |
| | behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| • | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, | | | | | | |
| | and 3 received from disqualified | | | | | | |
| | persons | | + | | | | |
| b | Amounts included on lines 2 and 3 received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| | ction B. Total Support | | | | | 1 | 1 |
| Cale | ndar year (or fiscal year beginning | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | in) ► A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| 104 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable | | | | | | |
| | income (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| | June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated | | | | | | |
| | business activities not included in line 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gaın or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| 12 | IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organizati | on's first, second | , third, fourth, or | fifth tax year as a | a 501(c)(3) orga | nızatıon, |
| | check this box and stop here | _ | | | | | ▶□ |
| Se | ction C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2013 | (lıne 8, column (| f) divided by line | 13, column (f)) | | 15 | |
| 16 | Public support percentage from 2012 | Schedule A, P | art III, line 15 | | | 16 | |
| Se | ction D. Computation of Inve | stment Inco | me Percenta | ge | | | |
| 17 | Investment income percentage for 20 | | | | n (f)) | 17 | |
| 18 | Investment income percentage from | | | | | | |
| | · | | | | low a - 4 (F) (-) (-) (-) | 18 | |
| 19a | 33 1/3% support tests—2013. If the of more than 33 1/3%, check this box ar | - | | • | | | I line 1 / is not ► |
| ь | 33 1/3% support tests—2012. If the o | | | | | | |
| | is not more than 33 1/3%, check this | box and stop he | ere. The organizat | tion qualifies as a | publicly support | ted organization | ▶ □ |
| 20 | Private foundation. If the organization | on did not check | a box on line 14 | , 19a, or 19b, che | eck this box and | see instructions | ▶ ┌ |

| ocilednie w (Fo | Schedule W (1911) 230 01 230-65) 5012 | Fage |
|-----------------|---|---|
| Part IV | Supplemental Information. Provide the explanations required | by Part II, line 10; Part II, line 17a or |
| | 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | ation. (See instructions). |
| | | |
| | Facts And Circumstances Test | |
| | | |
| Retu | Return Reference Explanation | |

Schedule A (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b 2013

OMB No 1545-0047

DLN: 93493323009194

Open to Public Inspection

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization The Foresight Institute Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Freservation of land for public use (e.g., recreation or education) Freservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_ Number of states where property subject to conservation easement is located $ightharpoonup_-$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Par | TIT Organizations Maintaining Co | llections of Art | <u>, His</u> | tori | cal T | <u>reasur</u> | es, or O | <u>the</u> | r Similar As | <u>sets (</u> | <u>(continued)</u> |
|-----|--|-----------------------|--------------|----------------|----------------|-----------------|--------------|------------|------------------|------------------|--------------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other recor | ds, cl | heck | any of | the follo | wing that a | re a | significant use | ofits | |
| а | Public exhibition | | d | Γ | Loan | or exch | ange progr | ams | | | |
| b | Scholarly research | | e | Γ | Othe | r | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ın ho | w the | y furth | er the or | ganızatıon | 's ex | empt purpose | ın | |
| 5 | During the year, did the organization solicit o | or receive donations | ofar | rt, hıs | torical | treasur | es or othe | rsım | ılar | | |
| | assets to be sold to raise funds rather than t | | • | | | | | | | ☐ Yes | ☐ No |
| Par | t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an | | | | | | answere | d "Y | es" to Form 9 | 3 90, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | | other ass | ets r | not | ┌ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | follo | wing | able | | | | | | |
| | | | | | | | | | Ar | nount | |
| C | Beginning balance | | | | | | | 1c | | | |
| d | Additions during the year | | | | | | | 1d | | | |
| e | Distributions during the year | | | | | | | 1e | | | |
| f | Ending balance | | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | e 21? | • | | | | | | ┌ Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | expl | anatı | on has | been pr | ovided in F | art) | KIII | | . \sqsubset |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | |
| | | (a)Current year | (b |) Prior | year | b (c) Tw | o years back | (d) | Three years back | (e)Four | r years back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| C | 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 the curr | rent year end baland | e (lır | ne 1g | , colum | nn (a)) h | eld as | | | | |
| а | Board designated or quasi-endowment ► | | | | | | | | | | |
| b | Permanent endowment ► | | | | | | | | | | |
| c | Temporarily restricted endowment ► | | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | uld equal 100% | | | | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | atıon | that | are hel | d and ac | lmınıstered | for | the | _ | |
| | organization by (i) unrelated organizations | | | | | | | | 3a | (i) Ye | s No |
| | (ii) related organizations | | • | | | | | • | 3a | | +- |
| b | If "Yes" to 3a(II), are the related organization | | d on S | Sched | · · Iule R? | | | ٠. ٠ | 3 | | + |
| 4 | Describe in Part XIII the intended uses of th | | | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipme | | he o | rgar | ıızatıo | n answ | ered 'Yes | ' to | Form 990, Pa | art IV, | line |
| | 11a. See Form 990, Part X, line : Description of property | 10. | | | a) Cost | or other | (b)Cost or | other | (c) Accumulat | ed (d |) Book value |
| | Description of property | | | | | estment) | basis (oth | | depreciation | |) BOOK Value |
| 1a | Land | | | | | | | | | \dashv | |
| | Buildings | | | | | | | | | \top | |
| | Leasehold improvements | | | | | | | | | \neg | |
| | Equipment | | | | | | 2 | 9,684 | 28. | ,309 | 1,375 |
| | Other | | | | | | + | 5,057 | † | ,057 | , |
| | I Add lines 1a through 1e (Column (d) must e | | Y coli | ımn (| R) line | 10(c)) | | , | <u> </u> | -+ | 1 375 |

| (a) Description of security or category (including name of security) | (b)Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|--|
| 1)Financial derivatives | | , |
| 2)Closely-held equity interests | | |
| ther | | |
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| otal. (Column (b) must equal Form 990, Part X, col (B) line 12) | <u>*</u> | |
| art VIII Investments—Program Related. C See Form 990, Part X, line 13. | complete if the organization | on answered 'Yes' to Form 990, Part IV, line 1 |
| (a) Description of investment | (b) Book value | (c) Method of valuation |
| (-, | (=, = = = = = = = = = = = = = = = = = = | Cost or end-of-year market value |
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| otal. (Column (b) must equal Form 990, Part X, col (B) line 13) | + | |
| | on answered 'Yes' to Form 99 | 0, Part IV, line 11d See Form 990, Part X, line 15 |
| (a) Desc | ription | (b) Book value |
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| otal. (Column (b) must equal Form 990, Part X, col.(B) line | 15.) | |
| Part X Other Liabilities. Complete if the org | | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. | anızatıon answered 'Yes' | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. | | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability | anızatıon answered 'Yes' | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | anızatıon answered 'Yes' | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes | (b) Book value | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. (a) Description of liability ederal income taxes ales Tax Payable | (b) Book value | |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

| | | | Explanation | Return Reference | |
|---|--|----------------------|--|--|-------------------------|
| and 2b, part to provide any additional | 4, Part IV, lines 1b and 2b, Also complete this part to p | and 4, F 4b Als | 3, 5, and 9, Part III, lines 1a 4b, and Part XII, lines 2d and | Provide the descriptions required for Part II, lines Part V, line 4, Part X, line 2, Part XI, lines 2d and information | P rov P art Infor |
| | | | ormation | Part XIII Supplemental Information | Par |
| 5 | | 18) | ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line | Total expenses Add lines 3 an | 5 |
| 46 | | | | Add lines 4a and 4b | n |
| | | 46 | | Other (Describe in Part XIII) | ь |
| | | 4 | ded on Form 990, Part VIII, line 7b | Investment expenses not included | Ð |
| | - | - |), Part IX, line 25, but not on line 1: | Amounts included on Form 990, Part IX, line | 4 |
| | | | | Subtract line ${f 2e}$ from line ${f 1}$. | ω |
| . 2e | | | | Add lines 2a through 2d | O |
| | | 2d | | Other (Describe in Part XIII) | ۵ |
| | | 20 | | Other losses | n |
| | | 2Ь | | Prior year adjustments | ь |
| | | 2a | cilities | Donated services and use of facilities | ā |
| | - | - | A mounts included on line 1 but not on Form 990, Part IX, line 25 | Amounts included on line 1 but | 2 |
| Þ | | | per audited financial statements | Total expenses and losses per | _ |
| enses per Return. Complete | With Exp | Statements line 12a. | r Audited Financial to Form 990, Part IV, | If the organization of | Part XII |
| 5 | | .2) | ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12 | Total revenue Add lines 3 and | 5 |
| - 4 6 | | | | Add lines 4a and 4b | n |
| | | 4ь | | Other (Describe in Part XIII) | ь |
| | | 4a | Investment expenses not included on Form 990, Part VIII, line 7b $$. | Investment expenses not inclu | Ð |
| | | |), Part VIII, line 12, but not on line 1 | Amounts included on Form 990, Part VIII, line 12, | 4 |
| | | | | Subtract line 2e from line 1 . | ω |
| . 2e | | | | Add lines 2a through 2d . | O |
| | | 2d | | Other (Describe in Part XIII) | ۵ |
| | | 2c | | Recoveries of prior year grants | n |
| | | 2b | cilities | Donated services and use of facilities | ь |
| | | 2a | nents | Net unrealized gains on investments | Ð |
| | | | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | A mounts included on line 1 bu | 2 |
| 1 | | • | Total revenue, gains, and other support per audited financial statements . | Total revenue, gains, and othe | _ |
| enue per Return Complete if | With Revo | Statements ne 12a. | Reconciliation of Revenue per Audited Financial Statem the organization answered 'Yes' to Form 990, Part IV, line 12a. | _ | Part XI |
| Page 4 | | | | Schedule D (Form 990) 2013 | Schec |

| と言語 Supplemental Info | Supplemental Information (continued) |
|-----------------------|--------------------------------------|
| Return Reference | Explanation |
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Schedule D (Form 990) 2013

| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | <u>-</u> | DLN: | DLN: 93493323009194 |
|---|---|--|---|--|--|
| SCHEDULE F | Statement of Activities Outside the U | Activities C | outside the Unite | nited States | OMB No 1545-0047 |
| (Form 990) | | | | | |
| | ▼ complete | Part IV, line 14b, 15, or 16. | Part IV, line 14b, 15, or 16. | 90, | 2013 |
| Department of the Treasury | ► Attac | n to Form 990. ► S | | ire row/formoon | Open to Public |
| Internal Revenue Service | F HIIOTHIALION ADOUL SCHEMAICE (TOTHI 220) AND ILS HISH ACTIONS IS | le F (FOLIII 990) ai | | at www.iis.gov/ioiiiisso. | Inspection |
| Name of the organization | | | | Employer ident | Employer identification number |
| 9 | | | | 77-0119168 | |
| Part I General In "Yes" to For | General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. | es Outside th · | e United States. Co | mplete if the organiz | ation answered |
| 1 For grantmakers. | For grantmakers. Does the organization maintain records | aıntaın records | to substantiate the ar | amount of its grants and | pu |
| to award the grant | to award the grants or assistance? | | י י י י י י י י י י י י י י י י י י י | י י י י י י י י י י י י י י י י י י י | ▽ Yes □ No |
| 2 For grantmakers. assistance outside | For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. | ganızatıon's pr | ocedures for monitorin | g the use of its gran | ts and other |
| 3 Activites per Region | (The following Part I, line 3 | | table can be duplicated if additional spa | I space is needed) | |
| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-totalb Total from continuation sheets | ion sheets | | | | |
| to Part 1 c Totals (add lines 3a and 3b) | and 3b) | | | | |
| For Paperwork Reduction Ac | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | for Form 990. | Cat N | No 50082W Sched | Schedule F (Form 990) 2013 |

| Schedule F (Form 990) 2013 | 2013 | | | | | | | Page 2 |
|----------------------------|---------------------------------------|-----------------------|--|---|---------------|---|--------------------|-------------------|
| Part III Grants an | nd Other Ass ne 15. for anv | istance to Organ | i zations or Entiti ved more than \$5. | Part II. Grants and Other Assistance to Organizations or Entities Outside the United Part IV. line 15, for any recipient who received more than \$5,000. Part II can be dupl | | I States. Complete if the organization answered "Yes" to Form 990, icated if additional space is needed. | ion answered "Yes" | to Form 990, |
| 1 | (b) IRS code | (c) Region | (b) Purpose of | (e) A mount of | (f) Manner of | (g) Amount | (h) Description | (i) Method of |
| organization | and EIN (If | | granc | casii gianic | disbursement | assistance | assistance | (book, FMV, |
| | applicable) | | | | | | | appraisal, other) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| 2 Enter total num | ber of recipier | າt organizations list | ed above that are r | Enter total number of recipient organizations listed above that are recognized as charities | | by the foreign country, recognized as | St | |

| •- | .0 |
|---|---|
| Enter total number of other organizations or entities | Enter total number of recipient organizations listed above that are recognized as charities by to tax-exempt by the IRS, or for which the grantee or counsel has provided a section $501(c)(3)$ |
| ntities | sted above tl ee or counse |
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Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| רמון עם אפור דדד רמון הפ | rait III caii be uubiicateu ii auulilollal space is lieeueu. | lidi space is lie | ecueu. | | | - | |
|---------------------------------|--|--------------------------|---------------------------|------------------------------------|------------------------------------|--|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) Research Prize | Austria | 1 | 5,000 | Check | | | |
| (2) Research Prize | Germany | 1 | 1,667 | Check | | | |
| (3) Research Prize | Switzerland | 2 | 3,334 | Check | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
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Schedule F (Form 990) 2013 Part IV Foreign Forms

| Was the organization a direct or indirect shareholder of a passive foreign investment cor electing fund during the tax year? <i>If</i> "Yes," the organization may be required to file Form 86 by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see II | Did the organization have an ownership interes organization may be required to file Form 5471, I Corporations. (see Instructions for Form 5471) | Did the organization have an interest in a fore required to file Form 3520, Annual Return to Rep Gifts, and/or Form 3520-A, Annual Information Forms 3520 and 3520-A) | Was the organization a U S transferor of proporganization may be required to file Form 926, Instructions for Form 926) |
|---|--|--|--|
| Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)</i> | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"the organization may be required to file Form</i> 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) |
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Schedule F (Form 990) 2013

Supplemental Information

method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Part I, Line 2 - Grantmakers Explanation For Monitoring Use of | Committee reviews nominations for the research and technology prizes |
| Funds Outside US | Prizes awarded are u |
| | nconditional prizes in recognition of theories and scientific research |
| | discovered in the n |
| | anotechnology field |
| | |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Part I - Additional Supplemental Information Technology eving milestcechnology file echnology file nd Theory) a | Technology prizes have helped push the envelope in developing enabling technology and achieving milestones. Foresight awards are several of the premier research awards in the nanot echnology field, including the Feynman Prizes in Nanotechnology (one each for Experiment a nd Theory) and the Foresight Distinguished Student Prize |

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Department of the Treasury Internal Revenue Service
Name of the organization

The Foresight Institute

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

77-0119168

| Part General Information on Grants and Assistance | on Grants and | Assistance | | | | | | i |
|--|--|--|--|--|---|--|---|---------------|
| Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | ecords to substantia ord the grants or assi ion's procedures for | te the amount of the g stance? monitoring the use of | grants or assistance, the (| grantees' eligibility for d States | the grants or assista | nce, and | ⊤Yes ∇ | ন N |
| Part111 Grants and Other Assistance to Governments and Organizations in the United States. Consideration Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated than \$5,000. | sistance to Gov 21, for any recipi | ernments and Or ent that received n | r ganizations in the more than \$5,000. Pa | United States. Con rt II can be duplicate | omplete if the organization answe ted if additional space is needed. | omplete if the organization answered "Yes" to ited if additional space is needed. | s" to | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | rant |
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| 2 Enter total number of other organizations listed in the line 1 table. | 1 (c)(3) and governm | ent organizations liste | ed in the line 1 table . | | | · · · · · · · · · · · · · · · · · · · | | 0 0 |
| | | 1 | | | | | | |

Schedule I (Form 990) 2013

Part III Grants and Other Assistance to Individuals in the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| | Return Reference Ex | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | (1) Research Prize | (a)Type of grant or assistance |
|----------------------------|---------------------|---|--|--|--|--------------------|--|
| | Explanation | ion. Provide the infor | | | | 3 | (b) Number of recipients |
| | | mation required in Pa | | | | 11,000 | (c) A mount of cash grant |
| | | art I, line 2, Part III, | | | | | (d) A mount of non-cash assistance |
| | | column (b), and any other | | | | | (e) Method of valuation (book, FMV, appraisal, other) |
| Schedule I (Form 990) 2013 | | additional information. | | | | | (f)Description of non-cash assistance |

Name of the organization Internal Revenue Service Department of the Treasury (Form 990 or 990-EZ) **SCHEDULE 0** efile GRAPHIC print - DO NOT PROCESS ► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ. As Filed Data www.irs.gov/form990. DLN: 93493323009194 OMB No 1545-0047 Open to Public 2013 Inspection

Employer identification number 77-0119168

990 Schedule O, Supplemental Information

The Foresight Institute

| Form 990, Part III, Line 4d Other Program Services Description A draft copy of the return is reviewed by the President, Past President are publicly Available Other Changes In Net Assets Or Fund Balances - Other Decreases A draft copy of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly in the president are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President, Past President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President are publicly of the return is reviewed by the President are publicly of the re | Return Reference | Explanation |
|--|--|--|
| Line 11b Form 990 Review Process A draft copy of the return is Treasurer before it is filed Line 19 Other Organization Documents Upon request Net Assets Or Fund Balances - Other Unrealized Gain/Loss on Invited | Form 990, Part III, Line 4d Other Program Services Description | |
| Line 19 Other Organization Documents Net Assets Or Fund Balances - Other | Form 990, Part VI, Line 11b Form 990 Review Process | A draft copy of the return is reviewed by the President, Past President and Treasurer before it is filed |
| | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | Upon request |
| | Other Changes In Net Assets Or Fund Balances - Other Decreases | Unrealized Gain/Loss on Investment = -\$14068 |