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, in **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

Open to Public

_		2014 calculations are the wear beginning. THE V 1 2014 and and			, 20 12
<u>A</u>	For th	2011 calendar year, or tax year beginning JULY 1 , 2011, and endir	ng JUNI		
В	Check	applicable C Name of organization PACIFIC BUDDHIST ACADEMY			yer identification number
	Addres	change Doing Business As		(04-3660909
] Name o	Number and street (or P O box if mail is not delivered to street address) Room/su	ute	E Teleph	one number
Ė	Initial re	1210 DATE UTCHURU		(80	08) 395-5492
Ë	Termina	70.			
	٦			G Cross	receipts \$ 3,516,630
	٦.	E News and address of agreement officer DEDDED HOVENED	<u>.</u>		
L.	J Applica	ion pending F Name and address of principal officer PIEPER TOYAMA	1		n for affiliates? 🔲 Yes 🔯 No
		SAME AS C ABOVE.			included? Yes No
1		mpt status		io," attach a	a list (see instructions)
ī	Websi	e: ► WWW.PACIFICBUDDHISTACADEMY.ORG		· · · · · · ·	n number ► N/A
K	Form of	organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation 2002	M State	e of legal domicile HI
	Part I	Summary			
_	1	Briefly describe the organization's mission or most significant activities DEVI	CLOPING	AND	OPERATING A
	1	HIGH SCHOOL WITH AN ACADEMICALLY CHALLENGING			
و	3	ROOTED IN BUDDHIST VALUES AND THAT IS ACCRED			
2	<u> </u>	AND OPEN TO ALL.			
٥					
Activities & Governance	2	Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25%	o or its net asset	1 .	1 17
~	3	Number of voting members of the governing body (Part VI, line 1a).		. 3	17
u d	g 4	Number of independent voting members of the governing body (Part VI, line 1b)		4	16
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	19
<u> </u>	§ 6	Total number of volunteers (estimate if necessary)		6	73
•	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0
		RECEIVED	Prior Y	ear	Current Year
_	. 8	Contributions and grants (Part VIII, line 1h)	1,43	7,910	2,705,783
2013,	9	Program service revenue (Part VIII, line 2g)		3,392	754,805
2013	10	Investment income (Part VIII, column (A), lines (4, and 7d)		3,492	14,426
	11			9,605	7,000
ಅ	L	Other revenue (Patr VIII, column (A), lines 5, 6d, 4c, 9c, 10c, and 11e) Total revenue add lines (15) (15) (15) (15) (15) (15) (15) (15)		4,399	3,482,014
e	12		2,20.	0	38,610
Z	13	Grants and similar amounts paid (Pent IX, column (A), lines 1-3)		0	30,010
NOC.	14	Benefits paid to or for members (Part IX, column (A), line 4)	001	-	700 600
	g 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,140	
SCAMNED	15 16a b	Professional fundraising fees (Part IX, column (A), line 11e)	1.	2,211	69,110
爱	<u>اج</u> ً b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 241, 423			
Z "	² 17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,614	403,554
QC.	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		7,965	1,310,883
	19	Revenue less expenses Subtract line 18 from line 12	850	6,434	2,171,131
	88		Beginning of Ci	urrent Year	End of Year
ets	20	Total assets (Part X, line 16)	2,91	6,291	5,039,443
ş	ම් 21	Total liabilities (Part X, line 26)	135	5,481	69,463
ž	를 22	Net assets or fund balances. Subtract line 21 from line 20	2.780	0,810	4,969,980
	Part II	Signature Block			
_		allies of perjury, I declare that I have examined this return, including accompanying schedules and state	ements and to t	the hest of	my knowledge and helief it is
t	rue, corre	ct, and complet Declaration of preparer (other than officer) is based on all information of which prepare	er has any know	ledge	my with model of the content in the
_		1 Sul Miles		11-2	5-22-17
S	ign	Signature of officer	Di	ate	0 13
	ere				
• • •	CIC	Type or print name and title	mm_		· · · · · · · · · · · · · · · · · · ·
_			ate /		PTIN
P	aid		4/23/13	Check	IXI if I
Р	repar	ALEX J. SMITH			ployed P00994702
	lse Or	W Firm's name ► ALEX J. SMITH, CPA		m's EIN ▶	00 727 7761
		Firm's address 1403 FRANK ST., HONOLULU, HI 96816	Pho	one no 8	08-737-7761
M	lay the	RS discuss this return with the preparer shown above? (see instructions)		· • • •	Yes No
F	or Paper	work Reduction Act Notice, see the separate instructions.			Form 990 (2011)

924 9716

Form 99	0 (2011)	·····	<u> </u>		Page 2
Part		tatement of Program Service A	-		-
1		neck if Schedule O contains a red	sponse to any question in this Pa	nt III	<u> L</u>
•			G A HIGH SCHOOL WITH	AN ACADEMICALLY CH	ALLENGING
			ED IN BUDDHIST VALUE		
		RDABLE, SAFE, AND O			
2			icant program services during the y	year which were not listed on the	
	•				☐ Yes 🏻 No
2		describe these new services on		have it annihilate and annihilate	
3		e organization cease conducting. s?	, or make significant changes in	now it conducts, any program	☐ Yes 🏻 No
		describe these changes on Sche	adule O		☐ 162 ☑ MO
4		-	vice accomplishments for each of it	s three largest program services	as measured by
•			4) organizations and section 4947		
			expenses, and revenue, if any, for		
4a	(Code:		, 392 including grants of \$		9,608)
			Y IS A WASC ACCREDIT		
			TO PREPARE STUDENTS		
			ENRICH THEIR LIVES E TO NURTURE PEACE.	WITH BUDDHIST VALUE	S; AND
	10 0	EVELOP THEIR COURAG	E 10 NORIORE PEACE.		
4b	(Code) (Expenses \$	ncluding grants of \$) (Revenue \$)
					·
					- -
	(Code:) (Expenses \$	including grants of \$) (Revenue \$	

;	(Code:) (Expenses \$	including -	grants of \$) (Revenue \$)
			• * * * • • • • • • • • • • • • • • • •			

-	Other program	services (Describe in Sc	hedule ())			
•	(Expenses \$	including g	grants of \$) (Revenue	\$)	

Total program service expenses ▶

Form 99				Page 3
Part	V Checklist of Required Schedules		T-::-	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	Γ'	Yes	No
•	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-,	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		Х
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		Х
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		Х
	ii 100 to line 200, the the organization attach a copy of its addition infancial statements to this return?	1200	L	L

Form 99	0 (2011)			Page 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
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 25	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? If "Yes," complete Schedule L, Part I	24d 25a		х
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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
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		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	х	X

Part				
	Check if Schedule O contains a response to any question in this Part V			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
_	reportable gaming (gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19] .		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	L
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		٠,,
L	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	90		
'a	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_	İ	7,5
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		^
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.	†		
a	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 42	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	134		-
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		X
L .	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schodule O	1446		ı

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons
Casti	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	· ·	<u> </u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17	·		
	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.			,
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 16 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2~	•	 X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	:	х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
8	stockholders, or persons other than the governing body?	7b		X
0	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14 15	Did the organization have a written document retention and destruction policy?	14	Х	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	100		
16a		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	, va		
	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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	☐ Own website ☐ Another's website ☒ Upon request			
19	Description of the date of the description of the committee made to recommend degree and the committee of th	f into	rest r	olicy,
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records			

Form **990** (2011)

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

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

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

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 n	or any relate	d org	aniz			ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (describe hours for related organizations	box office Individua	unles er and	Pos neck ss pe	rson	e than is both or/trus Highest compensated employee	n an	(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
	in Schedule O)	rustee	l trustee		yee	npensated				organizations
(1) JOEL DETERMAN										
CHAIRMAN	2.0	х		X			ĺ	0	0	0
(2) DR. WALTER KUNITAKE	- 	-								
VICE-CHAIR	2.0	Х]	X				0	0	0
(3) LEIGH-ANN MIYASATO		<u> </u>		1	!		†			
SECRETARY	2.0	X	ł	Х			ļ	0	0	0
(4) ALTON MIYAMOTO	1						Г			
TREASURER	2.0	Х		Х				0	0	0
(5) CYNTHIA ALM							Г		-	
TRUSTEE	2.0	Х	ŀ					0	0	0
(6) REV. MARY DAVID										
TRUSTEE	1.0	Х		i				0	0	0
(7) KURT MITCHELL										
TRUSTEE	1.0	Х						0	0	0
(8) PATRICIA LIU										
TRUSTEE	2.0	Х	i					0	0	0
(9) BISHOP ERIC MATSUMOTO						-				
TRUSTEE	1.0	X		1				0	0	0
(10) DR. DEXTER MAR							•			
TRUSTEE	2.0	X	ļ		ł			0	0	0
(11)STEPHEN NASH										
TRUSTEE	1.0	X				1		0	0	0
(12) FRED NONAKA										
TRUSTEE	1.0	Х				1		0	0	0
(13) DR. MARGARET ODA				Γ						
TRUSTEE	2.0	Х				L		0	0	0
(14) JERRY TAMAMOTO										
TRUSTEE	1.0	X			L			0	0	0

Part VII Section A. Officers, Directors, Trus	stees, Key	Emplo	yee	es, a	and	Highe	est	Compensated	Employees (co	nținue	ed)	
(A) Name and title	(B) Average hours per week	box,	unles	Pos neck s pe	rson	than one that the that the that the that the that the that the the that the the the the the the the the the th	an (ee)	(D) Reportable compensation from	(E) Reportable compensation froi	m	(F) Estima amoui othe	ated nt of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compen from organiz and rel organiza	sation the zation lated
(15) SHERMAN THOMPSON												
TRUSTEE (16) REV. TATSUO MUNETO	1.0	X			-		-	0		2		0
TRUSTEE	1.0	х						0	(0
(17) REV. CHIKAI YOSEMORI TRUSTEE	1.0	х						0	()		0
(18) DAVE RANDALL EX OFFICIO	1.0	x						0	,	اد		0
(19) PIEPER TOYAMA	1.0						<u> </u>					
HEAD OF SCHOOL	40.0			X				82,963	(<u> </u>		7,878
(21)						,				-		
(22)										<u> </u>		
(23)							-					
(24)												
(25)												
1b Sub-total	│ 	 on A					<u> </u>	82,963	()		7,878
d Total (add lines 1b and 1c)	<u> </u>				<u> </u>		<u> </u>	82,963	<u> </u>)	~	7,878
2 Total number of individuals (including but reportable compensation from the organi		to th		e list O	ed a	above	e) w	ho received m	ore than \$100,0	000 o	f	
reportable compensation from the organi	Zation					 -		· <u>, · · · · · · · · · · · · · · · · · ·</u>			Ŋ	es No
3 Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ividi	ual				•	3	х
4 For any individual listed on line 1a, is the organization and related organizations individual											4	x
5 Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	dual	5	X
Section B. Independent Contractors	· · · · · ·											
 Complete this table for your five highest compensation from the organization. Rep year. 												ı's tax
(A) Name and business add	Iress							(B) Description of s	ervices	Co	(C) ompensat	on
	· · · · · · · · · · · · · · · · · · ·			-								
2 Total number of independent contractor received more than \$100,000 of compen							o th	nose listed about	ove) who			

rt VIII	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns 1a	· <u>-</u>				
1a b c d e f				1		
С	Fundraising events 1c	66,858		İ		
d						
е	Government grants (contributions) 1e			į.		
f	All other contributions, gifts, grants,					
	and similar amounts not included above 1f	2,638,925				
g	Noncash contributions included in lines 1a-1f ⁻ \$	8,742				
h	Total. Add lines 1a-1f	>	2,705,783			
		Business Code				
2a		611710	746,308	746,308	0	(
b	AMORTIZATION OF DISC.	900099	8,497	8,497	0	(
С						
d						
е						· · · · · · · · · · · · · · · · · · ·
f	All other program service revenue .					
9			754,805			
3	Investment income (including dividen]		
!	and other similar amounts)	,	14,426	0	0	14,426
4	Income from investment of tax-exempt bone					
5	Royalties	>				
	(i) Real	(ii) Personal			İ	
6a	Gross rents			1		
b				ł	ļ	
C	Rental income or (loss) 0	0				_
d	Net rental income or (loss)	▶	0			
7a	Gross amount from sales of (i) Securities	(ii) Other		ļ		
1	assets other than inventory			1		
b	Less cost or other basis			1		
	and sales expenses			į		
C	Gain or (loss) 0	0]		
d	Net gain or (loss)	▶	0			·····
8a	Gross income from fundraising events (not including \$ 66,858 of contributions reported on line 1c) See Part IV, line 18	36,813				
_	Less direct expenses b	34,616	ļ		1	
			2,197		o	2,197
9a		Tents .	2,131			2,17
Ja	See Part IV, line 19 a					
	- L					
b		ties ▶	o	1		
102	Gross sales of inventory, less				-	
iva	returns and allowances a	ļ				
_	<u> </u>					
b	11.4.1	tory	0	·		
C		Business Code	<u> </u>			
44.		900099	4 902	4,803	o	(
11a		300033	4,803	4,003		
b						
C						
d			4 000			
	Total. Add lines 11a-11d	▶	4,803			
12	Total revenue. See instructions	▶	3,482,014	759,608	0	16,623

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon-	se to any question i	in this Part IX		🔲
Do 7b,	not include amounts reported on lines 6b, 8b, 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				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	38,610	38,610		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				1
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	86,878		86,878	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	561,407	435,197	32,180	94,030
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,564	17,533	1,469	4,562
9	Other employee benefits	93,074	65,842	12,861	14,371
10	Payroll taxes	34,686	23,691	6,127	4,868
11	Fees for services (non-employees):]	-	
а	Management				
b	Legal	37,220	14,097	21,066	2,057
c d	Accounting	37,220	11,00,	21,000	2,031
e	Professional fundraising services See Part IV, line 17	69,110			69,110
f	Investment management fees				
g	Other	14,240	3,385	2,249	8,606
12	Advertising and promotion	11,928	6,232	337	5,359
13	Office expenses	52,234	28,203	4,156	19,875
14	Information technology	14,461	8,697	1,666	4,098
15	Royalties	20 534	06.000	2 252	2 052
16	Occupancy	32,534 16,214	26,028	3,253	3,253 2,709
17 18	Travel	10,214	7,322	6,183	2,709
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,305	2,600	250	455
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	44,099	29,105	10,584	4,410
23	Insurance	13,367	6,721	6,406	240
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 PROGRAM EXPENSES	131,075	128,719	2,356	
b	REPAIRS & MAINTENANCE	22,468	20,346	1,161	961
С	DUES & SUBSCRIPTIONS	8,171	2,942	4,789	440
đ	DONATIONS	2,019			2,019
е	All other expenses OTHER	219	122	97	241 402
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,310,883	865,392	204,068	241,423
26	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 (2011)

Part X	Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	1,056,669	1	134,869
2	Savings and temporary cash investments	813,447	2	2,698,896
	Pledges and grants receivable, net	423,689	3	1,109,210
4	Accounts receivable, net	5,053	4	
	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.	-	5	-
	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)	-	6	
Assets	Notes and loans receivable, net		7	
8 A	Inventories for sale or use		8	
1 -	Prepaid expenses and deferred charges	2,910	9	
10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 1,151,681			
	Less accumulated depreciation 10b 465,566	600,543	10c	686,115
	Investments—publicly traded securities	000/313	11	396,373
	Investments—other securities. See Part IV, line 11		12	33073.3
	Investments—program-related. See Part IV, line 11		13	
	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
	Other assets. See Part IV, line 11	13,980	15	13,980
	Total assets. Add lines 1 through 15 (must equal line 34)	2,916,291	16	5,039,443
	Accounts payable and accrued expenses	58,773	17	60,950
	Grants payable	30,113	18	
	Deferred revenue	61,905	19	2,000
1	Tax-exempt bond liabilities	01,000	20	2,000
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
l	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-	22	اد
멸 23	Secured mortgages and notes payable to unrelated third parties		23	
	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 D	14,803	25	6,513
26	Total liabilities. Add lines 17 through 25	135,481		69,463
	Organizations that follow SFAS 117, check here ► 💢 and complete lines 27 through 29, and lines 33 and 34.			
ဋ 27	Unrestricted net assets	1,120,882	27	1,039,150
g 28	Temporanly restricted net assets	1,659,928		3,930,830
D 29	Permanently restricted net assets		29	
r Fun	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
g 30			20	İ
T	Capital stock or trust principal, or current funds	j	30	1
ສ 31	Capital stock or trust principal, or current funds		31	
8 31 4 32	Paid-in or capital surplus, or land, building, or equipment fund			
31 32 33	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .	2,780,810	31 32	4,969,980
re i	Paid-in or capital surplus, or land, building, or equipment fund	2,780,810 2,916,291	31 32 33	4,969,980 5,039,443

Pene	1	2

	·					
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI					 · [X]
1	Total revenue (must equal Part VIII, column (A), line 12)	1		-		014
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 3	10,	883
3	Revenue less expenses. Subtract line 2 from line 1	3	2	.1	71.	131
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				810
5	Other changes in net assets or fund balances (explain in Schedule O)	5				039
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	<u> </u>	-			
•	column (B))	6	4	, 9	69,	980
Part						
	Check if Schedule O contains a response to any question in this Part XII	•	• • •	• •	•	<u>. </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_	l		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	laın	in			'
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		.	2a		\mathbf{x}
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersia	ht			
•	of the audit, review, or compilation of its financial statements and selection of an independent account	-		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, ex		<u> </u>		- 21	
	Schedule O.	Jiani				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ır we	re			
	issued on a separate basis, consolidated basis, or both:		- 1			
			}			
3a		orth	ın İ	-		
- Ou	the Single Audit Act and OMB Circular A-133?			3a		х
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go th	ne 🗀			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	ıdıts		3b		
•				Form	n 990	(2011)
						,

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

PACIFIC BUDDHIST ACADEMY

following persons?

Employer Identification number 04 - 3660909

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 \(\subseteq A \) church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and

(iii) A 35% con	ntrolled entity of	a person described in on about the supporte	(i) or (II) a	above? .					11g(iii)	
(i) Name of supported organization	(ii) EIN			(vii) Amount o support	of					
		(**************************************	Yes	No	Yes	No	Yes	No		
(A)	}								l	
(B)										
(C)										
(D)										
(E)									1	
Total										

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Yes

11g(i)

No

Part	II Support Schedule for Organiza	tions Desc	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked the						alify under
04	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	· · · · · · · · · · · · · · · · · · ·
	on A. Public Support	(=) 0007	T (5) 0000	(=) 2000	(4) 2040	(0) 2011	(f) Total
Calen	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	membership fees received. (Do not include any "unusual grants.")						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			~	T		T
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		<u> </u>		ļ	<u> </u>	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						<u> </u>
12	Gross receipts from related activities, etc.					12	5544 \(\(\) (0 \)
13	First five years. If the Form 990 is for the						
Conti	organization, check this box and stop he			 			▶ [
	ion C. Computation of Public Support Public support percentage for 2011 (line 6)			1 column (ft)	·	14	%
14 15	Public support percentage from 2010 Sch					15	
16a	33½% support test—2011. If the organization qua	zation did not	check the box	on line 13, an	d line 14 is 33	3% or more, o	heck this
b	331/a% support test—2010. If the organ check this box and stop here. The organ					e 15 is 33¹/3% 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumstar imstances" test	nces" test, che t. The organiza	ck this box and ition qualifies a	l stop here. I is a publicly su	Explain in ipported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	tion meets the eact	e "facts-and-cir s-and-circumst	rcumstances" 1 ances" test. Ti	test, check this ne organization	s box and so n qualifies as a	, and line t op here . publicly
18	Private foundation. If the organization di						► [see ► □

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.)

C4i	an A Dublic Compart	under the te	313 listed belo	w, picase co	inpicte i ait ii	•/	
	on A. Public Support	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2001	(10) 2000	(6) 2009	(4) 2010	(6) 2011	tij Total
_	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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	on B. Total Support						
	dar year (or fiscal year beginning in) >	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	 			ļ		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 carned on	,					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for thorganization, check this box and stop he		n's first, second		-		
Secti	on C. Computation of Public Support	t Percentag	je				
15	Public support percentage for 2011 (line 8	, column (f) d	ivided by line 1	3, column (f))			%
16	Public support percentage from 2010 Sch			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2011 (-			%
18	Investment income percentage from 2010						<u>%</u>
19a	33½% support tests—2011. If the organ 17 is not more than 33½%, check this box a	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizatı	on . 🕨 🗀
b	331n% support tests—2010. If the organiline 18 is not more than 331n%, check this b	oox and stop I	here. The organ	ization qualifies	s as a publicly s	upported organ	ization 🕨 🗀
20	Drivate foundation If the organization du	d not check a	hoy on line 14	19a or 19h o	heck this hox a	and see instruc	tions 🕨 🗀

SCHEDULE D (Form 990)

Supplemental Financial Statements

Employer Identification number

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ 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. ► Attach to Form 990. ► See separate instructions.

Inspection

Schedule D (Form 990) 2011

PAC	IFIC BUDDHIST ACADEMY		04-3660909
Par	Organizations Maintaining Donor Adorganization answered "Yes" to Form 9		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the	he organization's exclusive legal cont	rol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	ant funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?		· · · · · 🗌 Yes 🗌 No
Par	Conservation Easements. Complete i	f the organization answered "Yes"	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	ation or education) Preservation	of an historically important land area
	Protection of natural habitat	☐ Preservation	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	ield a qualified conservation contribut	tion in the form of a conservation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ıts	2b
С	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 8/17/06, and no	t on a
			I I
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or te	rminated by the organization during the
	tax year ▶	•	
4	Number of states where property subject to conse	ervation easement is located ▶	
5	Does the organization have a written policy re		nspection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation	n easements during the year
	•		•
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation ear	sements during the year
	▶\$	J. J.	
8	Does each conservation easement reported on lin	ne 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization reports	conservation easements in its reveni	ue and expense statement, and
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Par	Organizations Maintaining Collection	ns of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SI	FAS 116 (ASC 958), not to report in i	ts revenue statement and balance shee
	works of art, historical treasures, or other simila		
	public service, provide, in Part XIV, the text of the	footnote to its financial statements th	nat describes these items.
b	If the organization elected, as permitted under \$	SFAS 116 (ASC 958), to report in its	s revenue statement and balance shee
_	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela		
	(i) Revenues included in Form 990, Part VIII, line	•	▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of ar		
-	following amounts required to be reported under		
а	Revenues included in Form 990, Part VIII, line 1		
a 	Assets included in Form 990 Part Y		• • •

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part								
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d	Loa	n or excha	nge pro	grams	
b	☐ Scholarly research		e	☐ Oth	er			
С	Preservation for future generation							
4	Provide a description of the organization	tion's collections	and expla	ain how t	hey further	the org	janization's exe	empt purpose in Part
	XIV.		•		•		•	
5	During the year, did the organization	solicit or receive	donation	s of art.	historical tr	reasure	s. or other simi	ilar
-	assets to be sold to raise funds rather							☐ Yes ☐ No
Part			•					orm 990. Part IV.
	line 9, or reported an amour							,
1a	Is the organization an agent, trustee				or contribut	ions of	other assets i	not
	included on Form 990, Part X? .	•		•				☐ Yes ☐ No
ь	If "Yes," explain the arrangement in P	art XIV and compl	ete the fo	llowing t	able [.]			
_	ii 165, explain the artingoment iii	are save and compr		iloving i	4510 .			Amount
С	Beginning balance					10		
d	Additions during the year					10		
	Distributions during the year					1e		
e						11		
f	Ending balance							Yes No
2a	_		art A, III IC	21! .				163 . 140
	If "Yes," explain the arrangement in P Endowment Funds. Compl		ration ar	cworod	"Voc" to E	orm 0	90 Part IV lin	no 10
rai	Endowinent runds. Compi	(a) Current year		or year	(c) Two year	rs hack	(d) Three years ba	
4	Damana of was belong	1,736,418				13 Dack	(a) Three years bu	CK (C) COLI YOLIO DOCK
1a	Beginning of year balance	2,527,704		5,696				
b	Contributions	2,521,104	/3:	3,030	ļ			
С	Net investment earnings, gains, and	22.264	۱ .	- 006				
	losses	32,264		5,896				-
đ	Grants or scholarships	16,988	т,	0,625				
е	Other expenditures for facilities and	055 050						
	programs	277,053	23	4,875				
f	Administrative expenses							
g		4,002,345					٠ <u></u>	
2	Provide the estimated percentage of t			e (line 1g	, column (a)) held	as.	
а	Board designated or quasi-endowme		2 %					
b	Permanent endowment ▶	0 %						
С	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of th	e organiz	ation tha	it are held a	and adr	ninistered for th	
	organization by.							Yes No
	(i) unrelated organizations							. 3a(i) X
	` '							. 3a(ii) X
b	If "Yes" to 3a(ii), are the related organ							. 3b
4	Describe in Part XIV the intended use						.,	
Par	VI Land, Buildings, and Equi	pment. See For	n 990, P	art X, lin	ne 10.			
	Description of property	(a) Cost or of		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land							
b	Buildings							
c	Leasehold improvements			6	63,678		207,102	456,576
ď	Equipment		-		92,154	l	250,730	41,424
0	Other			1	95,849		7,734	188,115
Total.	Add lines 1a through 1e. (Column (d)	must equal Form 9	990, Part	X, colum	n (B), line 1	10(c).)	•	686,115

Part VII	Investments—Other Securities	s. See Form 990, Part X,	line 12.	·····
) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
\ <u>-/</u> (F)		-		
(G)	***************************************	•		
(H)		-		
(I)				
	(b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Relate	ed. See Form 990, Part X,	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
(5)				,
<u>(6)</u> <u>(7)</u>				
(8)		<u> </u>		· · · · · · · · · · · · · · · · · · ·
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, F			(h) Beek value
		(a) Description		(b) Book value
(1)				
(2)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)				
(7)				
(8)				
(9)				
(10)	4) 45 200 D-1V	(D) (inc. 45.)		
	umn (b) must equal Form 990, Part X, Other Liabilities. See Form 990		<u> </u>	
Part X	(a) Description of liability	(b) Book value	1	
	income taxes	(-)		
	S FUNDS	6,513		
(3)]	
(4)]	
(5)				
(6)			4	
(7)				
(8)			-{	
(9) (10)			-	
(10)			4	
	(b) must equal Form 990, Part X, col (B) line 25.)	6,513	1	
	ASC 740) Footnote. In Part XIV, provid			ments that reports the
organizatio	n's liability for uncertain tax positions	under FIN 48 (ASC 740).	-	·

Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ent		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		3,482,014
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	+-	1,310,883
		3	+	2,171,131
3	Excess or (deficit) for the year. Subtract line 2 from line 1	4	+	18,039
4	Net unrealized gains (losses) on investments	5	+	10,039
5	Donated services and use of facilities	6	╁	
6	Investment expenses		+-	
7	Prior period adjustments	7	┼─	
8	Other (Describe in Part XIV.)	8		10 030
9	Total adjustments (net). Add lines 4 through 8	9	+	18,039
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		2,189,170
Part		1 .		
1	Total revenue, gains, and other support per audited financial statements	1	<u> </u>	3,528,195
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2		
b	Donated services and use of facilities	_		
С	Recoveries of prior year grants	_		
đ	Other (Describe in Part XIV.)	5		
е	Add lines 2a through 2d	2	e	52,655
3	Subtract line 2e from line 1	3	3	3,475,540
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)	Ŀ		
С	Add lines 4a and 4b	4	С	6,474 3,482,014
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5	3,482,014
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er F	₹etu	rn
1	Total expenses and losses per audited financial statements	1	1	1,339,025
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Pnor year adjustments	7		
С	Other losses	7		
d	Other (Describe in Part XIV.)	5		
е	Add lines 2a through 2d	_	e	34,616
3	Subtract line 2e from line 1	3	3	1,304,409
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		_	······································
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)	ī		
c	Add lines 4a and 4b	 	c	6,474
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,310,883
	XIV Supplemental Information	`		
Comp Part \	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also condditional information.			
PAR	T XII, LINE 2d AND PART XIII, LINE 2d - FUNDRAISING EXPE	NSI	s si	HOWN NET.
	T XII, LINE 4b AND PART XIII, LINE 4b - ESTIMATED VALUE FUNDRAISING AUCTION/PRIZES, DEDUCTED AGAINST EVENT CONT			
& S	ALES IN AUDIT.			

Part XIV Supplemental Information (continued)	
PART V, LINE 4 - THE INTENDED USES OF THE ENDOW	MENT FUNDS:
CAPITAL CAMPAIGN FOR NEW BUILDING	\$3,282,564
SCHOLARSHIP FUNDS	648,266
BOARD DESIGNATED FOR CAPITAL IMPROVEMENT	71,515
TOTAL	\$4,002,345
·····	

SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or

Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

2011 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Name of the organization
PACIFIC BUDDHIST ACACEMY

Employer identification number

04-3660909

1 Does the organization have a racally nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racally nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racally nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If No," please explain. If you need more space, use Part II. POLICY HAS BEEN STATED IN LIVE PRESENTATIONS TO THE COMMUNITY 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records indicating the racial composition of the student body, faculty, and administrative staff? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. In AMEFFORT TO NOT DISCRIMINATE. NO RACIAL RECORDS WERE COLLECTED, EVEN ATTER ADMISSION. WILL BEGIN TO COLLECT SUCH DATA IN THE 2012-2013 SCHOOL YEAR. 5 Does the organization discriminate by race in any way with respect to: 5 Sudents' rights or privileges? 5 Admissions policies? 5 Admissions policies? 5 Educational policies? 5 Se / Y 6 Educational policies? 6 Educational policies? 6 Does the organization receive any financial and or assistance from a governmental agency? 6 If you answered "Nes" to any of the above, please explai				YES	NO
brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the pend of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, If "No," please explain, If you need more space, use Part II. POLICY HAS BEEN STATED IN LIVE PRESENTATIONS TO THE COMMUNITY 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? 5 Does the organization discriminate by race in any way with respect to: 5 Employment of faculty or administrative staff? 5 Sc / G Employment of faculty or adminis	1		1	1	
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POLICY MAS BEEN STATED IN LIVE PRESENTATIONS TO THE COMMUNITY 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscinminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 4c / Copies of all material used by the organization or on its behalf to solicit contributions? 4d / d / d / d / d / d / d / d / d / d /	3	during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
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a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the organization or on its behalf to solicit contributions? d Copies of all material used by the one on the behalf to solicit contributions? d Copies of all material used by the public dealing with the public dealing with the public dealing with the public dealing with the public dealing with the public dealing with the public dealing with the public dealing with the public dealing with the public dealing dealing dealing with the public dealing with the public dealing d		***************************************	ŀ		ł
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d Scholarships or other financial assistance?	D	Admissions policies?	30		├ -
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g Athletic programs?	е	Educational policies?) Se	 	▶
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If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	9	Attrieuc programs?	- 'y	 -	HŤ
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6a Does the organization receive any financial aid or assistance from a governmental agency? 6a	13		31	-	H
6a Does the organization receive any financial aid or assistance from a governmental agency? 6a					
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b Has the organization's right to such aid ever been revoked or suspended?					
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b Has the organization's right to such aid ever been revoked or suspended?	6 -	Does the apparation receive any financial and or appropriate to the apparatula approxi	- Ro	ļ	1
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7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through	D		100	 	┢
	7		1	İ	i
	1	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	 ,	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate Instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

101116	or the organization					Employer identifies	addii iidiiidei
PAC	IFIC BUDDHIST ACADE	MY				04-3	660909
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" to Fo	orm 990, Part IV, lir	ne 17.
1	Indicate whether the organizatio				wing activities. Ch	eck all that apply.	
a	Mail solicitations				on of non-governr		
b		าร	f		on of government	_	
c	X Phone solicitations		_		fundraising events	_	
ď	In-person solicitations		3 2	в ороска.	and along over to	•	
2a		ten or oral agree	ment with	anv individ	lual (including offic	cers. directors, truste	es
	or key employees listed in Form						X Yes No
b	If "Yes," list the ten highest paid	individuals or er	ntities (fund		•	•	
	compensated at least \$5,000 by	the organization					
		T	1			-	
	(i) Name and address of individual	6773 A -4 - 15 -		iraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity	custody or contribi		from activity	fundraiser listed in col (i)	(or retained by) organization
			Yes	No	ļ		
40	TED ACCOCTATES THE		162	NO	-		
٠١٠	FR ASSOCIATES, INC. 891 KUHAU PL.,96701	CAD CAME	A TCNT	x	2,481,185	62 927	2,418,358
	HILANTHROPY PLANNIN		AIGN	- ^-	2,401,105	62,827	2,410,330
	AHUWALE ST., 96821	•	TVING	x	o	6,283	0
3	AHUWALE 31., 36621	PLIAMINED C	TATING		 	0,263	<u> </u>
3							
4		 			 	 	
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9							
10							
Total	List all states in which the orga	<u> </u>	<u></u> .	. <u>.</u> •	2,481,185	69,110	2,418,358
3		nızation is regis	tered or lic	ensed to s	solicit contribution	s or has been notifie	d it is exempt from
	registration or licensing.						
HAW	AII	····					
-							
							
					·		
							*

Page 2 Schedule G (Form 990 or 990-EZ) 2011 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts greater than			· · · · · · · · · · · · · · · · · · ·		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			BANQUET	GOLF	1	(add col (a) through col. (c))	
a			(event type)	(event type)	(total number)		
Revenue		Crass respirts	66,493	25,339	11,839	103,671	
ě	2	Gross receipts Less Charitable	00,493	25,555	11,035	103,071	
œ	_	contributions	46,343	20,515	0	66,858	
	3	Gross income (line 1 minus	10,010	20,020		, , , , , , , , , , , , , , , , , , , ,	
	_	line 2)	20,150	4,824	11,839	36,813	
	4	Cash prizes		775		775	
	5	Noncash pnzes	3,625	2,849		6,474	
Direct Expenses			10 671	6 202	1 710	20 (72	
	6	Rent/facility costs	12,671	6,283	1,718	20,672	
	-	Food and boyerages		135		135	
	7	Food and beverages		133		133	
	8	Entertainment	100			100	
۵							
	9	Other direct expenses .	3,501	798	2,161	6,460	
		•					
	10	Direct expense summary. Ad-				(34,616)	
	11	Net income summary. Combi				2,197	
Pa	rt III			ed "Yes" to Form 990	, Part IV, line 19, or r	eported more	
	I	than \$15,000 on Form 99	BU-EZ, line 6a.	(h) D. Hank of control		(d) Tatal assume (add	
Revenue		į	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Ve			··········				
Direct Expenses Re	1	Gross revenue				·	
	2	Cash prizes					
		1		-			
	3	Noncash prizes					
	4	Rent/facility costs					
	_	Other disease surrange					
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %		
	6	Volunteer labor	No	□ No	□ No		
	•	VOIUTILEET IADUT					
	7	Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary	. Combine line 1, colun	nn d, and line 7	<u> ▶</u>	<u> </u>	
9		Enter the state(s) in which the organization operates gaming activities					
		s the organization licensed to operate gaming activities in each of these states?					
	b If	f "No," explain.					
10)a V	Vere any of the organization's or	aming licenses revoked	l, suspended or termina	ted during the tax year?	. Yes No	
• • •		Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . Yes No If "Yes," explain.					
		*					

Schedu	de G (Fosm 990 or 990-EZ) 2011		Page 3
11 ·	Does the organization operate gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b	An outside facility	•	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ►		
	Address ▶		
16	Gaming manager information.		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, I columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also columns part to provide any additional information (see instructions).		nis
<i></i>			
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

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

OMB No 1545-0047 201

Complete if the organization answered "Yes" to Form 980, Part IV, line 21 or 22.

Open to Public Inspection

Employer Identification number

► Attach to Form 990.

2 Schedule I (Form 990) (2011) (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II 04-3660909 ⊠ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? can be duplicated if additional space is needed (P) EIN PACIFIC BUDDHIST ACADEMY 1 (a) Name and address of organization or government Part I

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890) (2011)	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.
990) (2011)	Srants and Of
Schedule I (Form 990) (2011)	Part III (

Schedule I (Form 990) (2011) Part III Grants and Other Assistance to Individuals in the L Part III can be duplicated if additional space is needed.	ilviduals in the space is needed	United States. Com	plete if the organiz	ation answered "Yes" to I	Page 2 the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL AID	80	14,750			
2 SCHOLARSHIPS	4	2,000			
3 TUITION REMISSION	ю	21,860			
4					
so.					
9					
7					
Part IV Supplemental Information. Complete this part to	te this part to pro	vide the information	required in Part I,	2, and any other ac	itional information.
THE FINANCIAL AID AND TUITION REMISSION IS BUDDHIST ACADEMY, AND IS ACCOUNTED FOR IN	REMISSION NTED FOR I	IS EASILY TRACKED IN THE ACCOUNTS SE'	X : !	IT CAN ONLY FRACK STUDENT	BE USED AT PACIFIC PAYMENTS, FOR THE
APPLICABLE STUDENTS.					:
					Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

▶ Attach to Form 990 or 990-EZ. Employer identification number Name of the organization PACIFIC BUDDHIST ACADEMY 04-3660909

PART VI, SECTION A, 1a - MEMBERS OF THE EXECUTIVE COMMITTEE:
JOEL DETERMAN - CHAIRMAN, DR. WALTER KUNITAKE - VICE-CHAIRMAN,
LEIGH-ANN MIYASATO - SECRETARY, AND ALTON MIYAMOTO - TREASURER.
PART VI, SECTION B, 11b - THE EXECUTIVE COMMITTEE AND HEAD OF SCHOOL REVIEW
THE 990 IN DETAIL, PRIOR TO FORWARDING TO THE ENTIRE BOARD FOR THEIR
COMMENTS PRIOR TO FILING THE RETURN.
PART VI, SECTION B, 12c - EACH BOARD MEMBER WILL SIGN THEIR AGREEMENT WITH
THE POLICY AND ANY DISCLOSURES AT THE FIRST MEETING OF EACH FISCAL YEAR.
PART VI, SECTION B, 15a - THE CHAIRMAN OF THE BOARD OVERSEES THE EVALUATION
OF THE HEAD OF SCHOOL ON AN ANNUAL BASIS. COMPENSATION IS BASED ON
PERFORMANCE, ACHIEVEMENTS AND BUDGET.
PART VI, SECTION C, 19 - THE ORGANIZATION'S GOVERNING DOCUMENTS, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE ON A CASE BY CASE BASIS UPON
REQUEST.
PART XI, 5 - THE DIFFERENCE OF \$18,039 IS DUE TO RECOGNIZING THE UNREALIZED
GAIN ON INVESTMENTS CARRIED AT MARKET VALUE IN THE AUDIT UNDER GAAP, WHILE
THE 990 DOES NOT RECONGIZE UNREALIZED GAINS/LOSSES ON INVESTMENTS.

Page	4

PACIFIC BUDDHIST ACADEMY	04-3660909
PART VI, SECTION A, 1b - MR. KURT MITCHELL IS NOT CLASSI	FIED AS INDEPENDENT
DUE TO HIS OWNERSHIP IN THE ARCHITECUAL FIRM HIRED TO DE	SIGN THE NEW
BUILDING FOR THE SCHOOL. MR. MITCHELL HAS EXCUSED HIMSE	LF FROM BOARD
DECISIONS REGARDING MATTERS INVOLVING HIS FIRM.	
•	