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DLN: 93493167012694

Return of Organization Exempt From Income Tax

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

2012

Open to Public

%J

Form **990**

Department of the Treasury

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

Internal I	Revenue	e Service	Fine organization may have to use a copy of this return to satisfy sta	te report	ing requirem	ients	Inspection
A Fo	r the	2012 ca	alendar year, or tax year beginning 08-01-2012 , 2012, and ending 07-31-	2013			
B Che	ck if a	pplicable	C Name of organization MID-PACIFIC INSTITUTE		D Emplo	yer ide	ntification number
Add	ress c	hange	Doug Business As		99-00	7351	4
Nar	ne cha	inge	Doing Business As				
_ Inıt	ıal retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	one num	nher
— _{Ten}	mınate	ed	2445 KAALA STREET				
— Am	ended	return	City or town, state or country, and ZIP + 4		(808)	973-5	5000
_		n pendin	HONOLULU, HI 96822				÷ 44 442 252
		polium		117-7			\$ 44,142,253
			PATRICK GARVEY		this a group iliates?	returr	rfor □ Yes 🔽 No
			2445 KAALA STREET				, , , , , , , , , ,
			HONOLULU, HI 96822				ıded?
T Tax	r-exen	npt statu	IS	Ιf	"No," attach	a list	(see instructions)
		<u> </u>		H(c) G	roup exempt	ion nu	mber ►
J W	ebsit	e:► W	/WW MIDPAC EDU				
K Forn	n of or	ganızatıc	on 🔽 Corporation Trust Association Other 🕨	L Year o	f formation 19	08 M	State of legal domicile H
Pa	rt I	Sui	nmary				
			describe the organization's mission or most significant activities				
		TO PR	EPARE THE STUDENTS FOR HIGHER EDUCATION AND LIFE IN A CON	STANTL	Y CHANGIN	IG WO	RLD
ည							
펄							
Activities & Governance	2	Check	this box দ if the organization discontinued its operations or disposed of i	more tha	n 25% of its	net as	sets
် ဘီ							
త	3	Numbe	r of voting members of the governing body (Part VI, line 1a)			3	2.
<u>≅</u>	4	Numbe	r of independent voting members of the governing body (Part VI, line 1b)			4	2 !
E			umber of individuals employed in calendar year 2012 (Part V, line 2a) .			5	480
ଧି			umber of volunteers (estimate if necessary)			6	1,350
			nrelated business revenue from Part VIII, column (C), line 12			7a	-10,347
	b	Net un	related business taxable income from Form 990-T, line 34			7b	-10,347
				P	rior Year		Current Year
g _i	8		ributions and grants (Part VIII, line 1h)		1,829,		1,766,116
Rayenue	9	_	ram service revenue (Part VIII, line 2g)	29,699,48			31,385,877
<u>\$</u>	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)		-11,		106,967
_	11		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		702,	112	693,808
	12		l revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		32,219,	245	33,952,768
	13		ts and similar amounts paid (Part IX, column (A), lines 1-3)		4,297,	257	4,354,160
	14	Bene	efits paid to or for members (Part IX, column (A), line 4)			0	(
	15	Sala	ries, other compensation, employee benefits (Part IX, column (A), lines				
Expenses		5-1			18,748,	263	19,172,022
क्	16a	Profe	essional fundraising fees (Part IX, column (A), line 11e)		29,	007	38,759
ਡਿੰ	ь	Total	fundraising expenses (Part IX, column (D), line 25) ▶621,373				
_	17	Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,179,	319	8,390,283
	18		l expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		31,253,	846	31,955,224
	19	Reve	enue less expenses Subtract line 18 from line 12		965,		1,997,544
₩ ₩ ₩				Beginn	ning of Curre Year	nt	End of Year
Not Assets or Fund Balances	20	Toto	l assets (Part X, line 16)		75,110,	291	75,888,366
d B	20 21		l liabilities (Part X, line 26)		30,731,	-	29,338,016
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	22		assets or fund balances Subtract line 21 from line 20		44,378,		46,550,350
	t III	_	nature Block		77,370,	/ 2 /	+0,550,550
Jnde ny kr	r pena nowle	alties o	f perjury, I declare that I have examined this return, including accompanying belief, it is true, correct, and complete Declaration of preparer (other than knowledge				
		1.					
		I	****		2014-06-16		
Sign		Sig	nature of officer		Date		
Here	2		TRICK GARVEY CHIEF FINANCIAL OFFICER				
		IF TY	pe or print name and title	, , , , , , , , , , , , , , , , , , , 		DTTN	
D .			Print/Type preparer's name Preparer's signature Date DENEEN NAKASHIMA Preparer's signature		Check if self-employed	PTIN P0013	0623
Paid			Firm's name PKF PACIFIC HAWAII LLP		Firm's EIN 🕨 2	7-23658	99
Pre _l			Firmle address . 1122 DICUAR CIPET CUITE 2502	-	Dhon- :: (25-	V F26 -	066
Use	On	ly	Firm's address ► 1132 BISHOP STREET SUITE 2500		Phone no (808) 536-0	σσυ

HONOLULU, HI 96813

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

✓ Yes No

Par		Statement of Program S Check if Schedule O contains			Τ			 ৮
1		describe the organization's m		acstron in this i are ii				
MID CHR	-PACIFI ISTIAN	C INSTITUTE, A PRESCHOO VALUES, NURTURES AND CI AL STRENGTHS TO BECOM	L THROUGH HIGH HALLENGES STUDE	NTS TO DEVELOP	INTELLECTUAL, EMOTI	ONAL, ARTI	STIC, SPII	
2	the pric	organization undertake any si r Form 990 or 990-EZ? . " describe these new services					┌ Yes ┌	No
3	Did the	organization cease conductin	g, or make sıgnıfıcar				┌ Yes ┌	No
	If "Yes,	" describe these changes on S	chedule O					
4	expens	oe the organization's program s es Section 501(c)(3) and 503 al expenses, and revenue, if ar	l (c)(4) organizations	s are required to repo				,
4a	(Code) (Expenses \$	25,352,337	ıncludıng grants of \$	4,354,160) (Reven	ie \$	31,385,877)	
	RIGORO RECOG COMMI AND SP AND RE ACCRE	AM SERVICEMID-PACIFIC, ONE OF H. DUS, COEDUCATIONAL, COLLEGE PRE NIZED AS AN INNOVATOR OF EDUCAT ITED TO PROVIDING A LEARNING EN IRITUALLY MID-PACIFIC IS HOME TO SPECT FOR DIVERSITY THAT IS ESSE DITED, PRE-PROFESSIONAL ARTS TR. ATE TO OFFER THE INTERNATIONAL	PARATORY DAY SCHOOL TONAL, TECHNOLOGICAL VIRONMENT WHERE STU 0 1,500 STUDENTS FROM INTIAL IN THE GLOBAL CO AINING PROGRAM AS A C	FOR PRESCHOOL, KINDE. AND ARTISTIC PROGRAM DENTS REACH THEIR FUL I MORE THAN 15 COUNTR DMMUNITY MID-PACIFIC COMPLEMENT TO ITS COLL	RGARTEN AND GRADES 1-12 IS THAT DEVELOP ENLIGHTENE L POTENTIAL ACADEMICALLY, IES, AND THIS INTERNATIONA INSTITUTE WAS THE FIRST SO	CONSISTENTLY, D LEARNERS AN ARTISTICALLY, S LISM PROMOTES HOOL IN HAWAI	MID-PACIFIC D LEADERS 1 OCIALLY, PHY S AN UNDERS I TO OFFER A	: IS IT, TOO, IS YSICALLY TANDING AN
4b	(Code) (Expenses \$		including grants of \$) (Revenue	: \$)	
_	(6.1) (F) (B	1	•	
4c	(Code) (Expenses \$		including grants of \$) (Revenue	: \$)	
	Other	program services (Describe ii	Schedule O \					
		nses \$	including grants of	f \$) (Revenue \$)	
4e	Total	program service expenses 🕨	25,352,337					

art 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	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
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</i> "Yes," complete Schedule C, Part II	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	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? If "Yes," complete Schedule D, Part II	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^{\square}	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 V	10	Yes	
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	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	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	Yes	
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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 and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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	Yes	
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</i> "Yes," complete Schedule L, Part 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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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? If "Yes," complete Schedule L, Part III	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	i		
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
	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		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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</i> "Yes," complete Schedule R, Part 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		
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		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?	20	Yes	

	Check if Schedule O contains a response to any question in this Part V	-	Yes	<u> </u>
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 105		103	<u> </u>
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	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?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
3	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		١,
)				
	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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
•	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		L
a	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			T
	were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).		1	
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
3	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
t	If "Yes," indicate the number of Forms 8282 filed during the year			
		1	1	
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	II.	
	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		
	Sponsoring organizations maintaining donor advised funds.			
3	Did the organization make any taxable distributions under section 4966?	9a		
)	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
1	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	facilities			
3	Section 501(c)(12) organizations. Enter Gross uncome from members or shareholders			
	Gross income from members or shareholders	1		
•	against amounts due or received from them)	-	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	in which the organization is incensed to issue qualified health plans	1		
		 	<u> </u> 	 -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		

Form 990 (2012) Page 6 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. Section A. Governing Rody and Management

	action 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			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		N o
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	8b	Yes		
	Each committee with authority to act on behalf of the governing body?			
		9		Νo
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_		
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ıe Cod	
Se		_	ue Code Yes	
		_		e.)
10a	Did the organization have local chapters, branches, or affiliates?	evenu		e.) No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.) No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	e.) No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 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
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MID-PACIFIC INSTITUTE 2445 KAALA STREET HONOLULU, HI (808) 973-5000

Form	990	(2012)
------	-----	--------

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, 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

	1	T								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(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
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is	ne l both	box, an d	heck unless officer stee)	6	(C Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W	(F) Estimated amount of other compensation from the organization and			
		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)		ganizati relate organiza	ed	
												+			
												+			
												+			
												+			
												+			
1b	Sub-Total			٠.				►							
c	Total from continuation sheet	s to Part VII, S	ection A	١.				F							
d	Total (add lines 1b and 1c) .				•			F		1,237,327		0	0 182,053		
2	Total number of individuals (in \$100,000 of reportable compe	=					d abov	e) w	ho receive	d more th	nan				
	The state of the portuble compe	sacion nom cn		120010	, iii										
											г		Yes	No	
3	On line 1a? If "Yes," complete S					key •	emplo • •	yee, •	or highes,	t compen • •	sated employee	3		No	
4	For any individual listed on line organization and related organ														
	ındıvıdual							•				4	Yes		
5	Did any person listed on line 1			-					_		or individual for				
	services rendered to the organ	ıızatıon? <i>If "Ye</i> s	," compi	ete S	ched	lule J	1 for su	ch pe	erson .		[5		No	
Se	ection B. Independent Co	ntractors													
1	Complete this table for your fiv	e highest comp											-27 4025		
	compensation from the organiz	(A)	mpens	acivil	101	cire (Laiellu	ar ye	ar enullig		(B)	1	.ax year (C		
CODE		ame and business									cription of services	+	Comper	sation	
	XO INC & AFFILIATES 2445 KAALA STRI ENDEN ASSOCIATES INC 1000 HERROF			J 0854	0771	.6				FOOD SERVEXECUTIVE	ICE EMPLOYEE SEARCH	+		728,661 119,454	
	SERVICES INC P O BOX 31001-0422 P									SUBSTITUT	E TEACHERS	#		117,613	
M&R	&R ROOFING & GUTTERS LLC 91-222 EWA BEACH ROAD EWA BEACH HI 96706 RE-ROOFING, REPAIRS AND COATING SERVICES							108,700							
PKF P	ACIFIC HAWAII LLP PO BOX 1300 HONG	OLULU HI 96807130	0							ACCOUNTI	NG AND AUDIT SERVIC	ES		102,966	
	Total number of independent co		d l		l A		- 41	- 14				-+			

\$100,000 of compensation from the organization **>**7

Form 99								Page 9
Part V	4111	Statement o	of Revenue ule O contains a respor	nse to any question i	n this Part VIII . (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 cam	paigns 1a					
ant	ь	Membership du	ies 1b	13,475				
Ģ	С	Fundraising ev	ents 1 c	102,986				
ifts, ar A	d	Related organiz	zations 1d					
9 <u>∺</u>	e	Government grant	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f ot included above	1,649,655				
rtribu Oth	g	Noncash contributi 1a-1f \$	ons included in lines	21,443				
Cor	h	Total. Add lines	s 1 a - 1 f	· · ·	1,766,116			
<u> </u>				Business Code				
Program Service Revenue	2a	TUITION & FEES		611710	28,755,276	28,755,276		
æ	b	AUXILIARY & STUD	DENT FEES	611710	2,067,767			2,067,767
926	С	RENTAL		531190	371,654		-10,347	382,001
ž.	d	SUNDRY		900099	191,180	191,180		
Ē	e							
8	f	All other progra	am service revenue					
<u></u>	g	Total. Add lines	s 2a-2f		31,385,877			
	3		ome (including dividen		218,162			218,162
	4		ar amounts) stment of tax-exempt bond		·			
	5	Royalties .		▶				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	9,259,840					
	ь	Less cost or other basis and	9,371,035					
		sales expenses						
	C .	Gain or (loss)	-111,195		-111,195			-111,195
άs	d 8a		from fundraising		-111,193			-111,193
Other Revenue		\$ 102 of contributions	2,986 s reported on line 1c)					
æ		See Part IV, lir	ne 18 a					
je.	Ь	less directev	penses b	1,140,705 777,852				
₹	c		(loss) from fundraising		362,853			362,853
	9a	Gross income f	from gaming activities ne 19 a	·				
	Ь	less directev	penses b					
	c		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo	inventory, less					
			а	58,068				
	ь		oods sold b	40,598				
	С		(loss) from sales of inv		17,470			17,470
	4.4	Miscellaneous		Business Code 611110	212 405			212 405
		MISCELLANEO	DUS	911110	313,485			313,485
	b							
	C	A 11 - +1-						
	d e	All other reven Total. Add lines		🕨				
					313,485			
	12	Total revenue.	See Instructions .	· · · · •	33,952,768	28,946,456	-10,347	3,250,543

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) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 4,354,160 4,354,160 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,313,346 593,031 504,348 215,967 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 13,814,440 11,163,572 2,481,870 168,998 Pension plan accruals and contributions (include section 401(k) 991.951 798,514 177,516 and 403(b) employer contributions) 15,921 1,946,779 1,567,115 348,416 Other employee benefits 31,248 10 1,105,506 889,924 197,838 17,744 11 Fees for services (non-employees) Management 39,475 1,658 Legal 37,817 96,508 96,508 Professional fundraising services See Part IV, line 17 38,759 38,759 Investment management fees 54,035 54,035 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 90,466 6,723 83,743 Schedule O) Advertising and promotion . . 81,464 81,464 12 13 Office expenses 1,029,426 604,724 335,517 89,185 260,101 18,019 14 Information technology . . 283,021 4,901 15 5,558 5,558 Royalties . 1,384,076 1,305,590 78,486 16 Occupancy **17** 186,997 163,740 23,257 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 95,611 75,486 19,515 610 20 678,611 37,261 641,350 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 2,221,641 2,156,156 65,485 23 187,439 132,544 52,751 2,144 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) a OUTSIDE SERVICES 628,906 331,137 287,056 10,713 PROGRAM/BUSINESS FEES 178,827 173,388 4,814 625 MEALS & ENTERTAINMENT 175,924 102,477 59,387 14,060 d NON-CAPITALIZED EQUIPME 101,693 74,864 26,829 870,605 517,231 342,876 e All other expenses 10,498 Total functional expenses. Add lines 1 through 24e 25 31,955,224 25,352,337 5,981,514 621,373 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)

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,052,824	1	4,062,535
	2	Savings and temporary cash investments			6,920,200	2	9,689,187
	3	Pledges and grants receivable, net			576,148	3	475,404
	4	Accounts receivable, net			69,346	4	63,788
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Poschedule L	art II o	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contril mploy	outing employers		6	
Š.	7	Notes and loans receivable, net				7	_
ď	8	Inventories for sale or use			64,879	8	61,612
	9	Prepaid expenses and deferred charges			1,608,351	9	1.586.181
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	77,059,606	, ,		.,,,,,,,,,,	
	ь	Less accumulated depreciation	10b	29,969,529	48,666,666	10c	47,090,077
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11		13,151,877	12	12,859,582	
	13	Investments—program-related See Part IV, line 11			13	<u> </u>	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			75,110,291	16	75,888,366
	17	Accounts payable and accrued expenses			1,938,443	17	1,761,284
	18	Grants payable		, ,	18		
	19	Deferred revenue			12,694,685	19	12,800,309
	20	Tax-exempt bond liabilities			13,541,019	20	13,215,906
_	21	Escrow or custodial account liability Complete Part IV of Sch				21	,,
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr			21	
Liabiliti		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third partie	s.		702,835	23	626,082
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			1,854,582	25	934,435
	26	Total liabilities. Add lines 17 through 25			30,731,564	26	29,338,016
S e S		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▽ and	complete			
a D	27	Unrestricted net assets			38,137,336	27	39,851,274
- B	28	Temporarily restricted net assets			738,497	28	821,377
귤	29	Permanently restricted net assets			5,502,894	29	5,877,699
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h	ere ►	┌─ and			
9		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other				32	
Š	33	Total net assets or fund balances			44,378,727	33	46,550,350
	34	Total liabilities and net assets/fund balances			75,110,291	34	75,888,366

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
	· · · · · · · · · · · · · · · · · · ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33,9	52,768
2	Total expenses (must equal Part IX, column (A), line 25)	2		31,9	955,224
3	Revenue less expenses Subtract line 2 from line 1	3			97,544
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			378,727
5	Net unrealized gains (losses) on investments	5			203,427
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-29,348
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			550,350
Par	t XII Financial Statements and Reporting				•
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3 b		

Software ID: **Software Version:**

EIN: 99-0073514

Name: MID-PACIFIC INSTITUTE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list	Positio more unless an o direo	(C on (do than	o not n one son is er and trust	e box, is bot nd a tee)	th		(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
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
KENNETH KUPCHAK CHAIR	1 50	х						0	0	0
WALTER OZAWA VICE CHAIR	80	х						0	0	0
GAYLORD WILCOX TREASURER	80	х						0	0	0
DICKSON LEE ESQUIRE SECRETARY	80	х						0	0	0
NORMAN CHONG ASSISTANT TREASURER	80	х						0	0	0
DENIS ISONO ASSISTANT SECRETARY	80	х						0	0	0
JAMES BELL TRUSTEE	50	х						0	0	0
REVEREND DR CHARLES BUCK TRUSTEE	50	х						0	0	0
GEORGE BUCK TRUSTEE	50	х						0	0	0
MELVYN CHOY TRUSTEE	80	х						0	0	0
ROBERT CROWELL TRUSTEE	50	х						0	0	0
DAVID B ERDMAN TRUSTEE	50	х						0	0	0
SIDNEY HAMADA TRUSTEE	50	х						0	0	0
KENNETH KOBATAKE TRUSTEE	50	х						0	0	0
PATRICK K KOBAYASHI TRUSTEE	50	х						0	0	0
JAMES KOMETANI TRUSTEE	80	х						0	0	0
SUSANNE MILLARD TRUSTEE	80	х						0	0	0
RONALD TY MOON CHIEF JUSTICE RET TRUSTEE	50	х						0	0	0
KEITH OGATA TRUSTEE	80	х						0	0	0
GARY OKAMOTO TRUSTEE	50	х						0	0	0
DIANE ONO ESQUIRE TRUSTEE	50	х						0	0	0
MAILE ROMANOWSKI TRUSTEE	50	х						0	0	0
STEVEN TERUYA TRUSTEE	50	х						0	0	0
MICHAEL WOOD TRUSTEE	50	х						0	0	0
ALBERT YAMADA TRUSTEE	50	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)		than pers office ctor/	o not one son is er and trust	box s bot d a tee)	,	Former	(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
CF DAMON JR ESQUIRE HONORARY TRUSTEE	0 00	х						0	0	0
EMILY FUJII HONORARY TRUSTEE	0 00	х						0	0	0
DONALD HORNER HONORARY TRUSTEE	0 00	х						0	0	0
DONALD KIM HONORARY TRUSTEE	0 00	х						0	0	0
BERT KOBAYASHI HONORARY TRUSTEE	0 00	х						0	0	0
FRANK WATASE HONORARY TRUSTEE	0 00	х						0	0	0
SANDRA HARLEY HONORARY TRUSTEE	0 00	х						0	0	0
JOE RICE PRESIDENT	40 00			х				271,782	0	38,968
PATRICK GARVEY CHIEF FINANCIAL OFFICER	40 00			х				194,828	0	27,095
KRISTY TONG VICE PRESIDENT - INST ADVANCE	40 00			х				140,272	0	20,184
EDNA HUSSEY ELEMENTARY SCHOOL PRINCIPAL	40 00				х			157,040	0	23,057
DR DWAYNE PRIESTER MIDDLE SCHOOL PRINCIPAL	40 00				х			150,375	0	13,916
SCOTT SIEGFRIED ADMISSIONS DIRECTOR	40 00					х		107,700	0	23,349
GARETH RUSSELL HIGH SCHOOL ASSISTANT PRINCIPAL	40 00					х		109,110	0	16,091
MICHAEL KRAFFT TECHNOLOGY DIRECTOR	40 00					x		106,220	0	19,393

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493167012694

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

MID-PACIFIC INSTITUTE

Name of the organization

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

									99-00735			
	rt I			blic Charity Sta			•		<u> </u>	struction	ıs.	
The	organı		•	e foundation becaus	•			•	•			
1	Γ	A chur	ch, conventi	on of churches, or as	ssociation of	churches d	lescribed in s e	ection 170(b)(1)(A)(i).			
2	굣	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sched	ule E)					
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descr	ıbed ın sectio	n 170(b)(1)(A)(iii).			
4	Γ	A medi	cal research	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se	ction 170(b)(1)(A)(iii)	. Enter the	
	_			ty, and state								
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a government	al unit de	scribed in	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
6	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).			
7	Γ	_		at normally receives		•	support from	a governm	ental unıt or fı	rom the ge	neral public	
8	Г			n 170(b)(1)(A)(vi). described in section			mplete Part II)				
9			-	at normally receives			•	-	butions, mem	bership fe	es, and gross	
		_		ities related to its ex					·	-	=	
				oss investment inco	•	=		-				
				janization after June						,		
10	Г	•	-	ganized and operated	•			•	•			
11	<u></u>	_								o carry ou	t the nurnoses of	
	'		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									
				bes the type of supp								
		a	Type I	b	∏ Туре II	I - Function	ially integrate	d d [Type III - No	n-functio	nally integrated	
e	Γ		_	ox, I certify that the	-		,		, ,		•	
				on managers and otl	her than one	or more put	olicly support	ed organiza	tions describ	ed in sect	ion 509(a)(1) or	
f			1509(a)(2)	received a written de	etermination	from the IR	S that it is a	Tyne I Tyn	e II or Tyne	III sunno	rtına oraanızatıon	
•			his box	received a mileen a		morn ene in	io chache io a	. , pc -, . , p	,c 11, 01 1 , pc	тт зарро		
g		Since A	ugust 17, 2	2006, has the organi	zation accep	ted any gift	or contributi	on from any	of the			
			ig persons?									
		. , .		rectly or indirectly o	•		5	persons de	scribed in (ii)		Yes No	
				governing body of th		_	n?				1g(i)	
				er of a person descri							lg(ii)	
		• •		lled entity of a perso						11	g(iii)	
h		Provide	the following	ng information about	the supporte	ed organizat	:ion(s)					
	i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is	the	(vii) A mount of	
	suppoi		(==, ====	organization	organizati		the organiz		organizati		monetary	
o	rganiz	ation		(described on	col (i) list		ın col (i) o	•	col (i) org		support	
				lines 1 - 9 above	your gove	_	suppor	t?	ın the U	S?		
			or IRC section document?									
				(see instructions))		ı	1	T		1	\dashv	
				,	Yes	No	Yes	No	Yes	No		
								I			1	

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493167012694

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury

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

mal Re	venue Service	m 990. ► See separate instructions.		Inspe	ction
	of the organization ACIFIC INSTITUTE		Emp	ployer identification nun	nber
			99-	0073514	
Part	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		ınds	or Accounts. Comp	lete if the
		(a) Donor advised funds		(b) Funds and other acc	ounts
Т	otal number at end of year				
Α	ggregate contributions to (during year)				
Α	ggregate grants from (during year)				
Α	ggregate value at end of year				
	old the organization inform all donors and donor adviso unds are the organization's property, subject to the or		or adv	rised T Ye :	s Г No
u	old the organization inform all grantees, donors, and do sed only for charitable purposes and not for the benef onferring impermissible private benefit?	it of the donor or donor advisor, or for an	ny othe	er purpose TYe	
art	Conservation Easements. Complete if	the organization answered "Yes" to	o Forr	m 990, Part IV, line 7	
Г Г С	urpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space complete lines 2a through 2d if the organization held a asement on the last day of the tax year	or education) Preservation of an Preservation of a c	ertifie	ed historic structure	ea
	,			Held at the End of t	he Year
a T	otal number of conservation easements		2a		
, T	otal acreage restricted by conservation easements		2b		
ı N	umber of conservation easements on a certified histo	oric structure included in (a)	2c		
	lumber of conservation easements included in (c) acq istoric structure listed in the National Register	juired after 8/17/06, and not on a	2d		
Ν	umber of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by tl	he organization during	
t	he tax year ▶				
Ν	umber of states where property subject to conservati	ion easement is located 🕨			
	oes the organization have a written policy regarding t nforcement of the conservation easements it holds?		— Iling o	f violations, and	s 「No
S	taff and volunteer hours devoted to monitoring, insper	cting, and enforcing conservation easem	nents	during the year	
^	mount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	durin	a the year	
	- \$,, and emoreing conservation easements	, uuiiii	ig the year	
	oes each conservation easement reported on line 2(c nd section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 1	70(h)(4)(B)(ı) / Ye :	s 「No
b	n Part XIII, describe how the organization reports cor alance sheet, and include, if applicable, the text of the he organization's accounting for conservation easeme	e footnote to the organization's financial			
irt :	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, (or Ot	her Similar Assets	
· v	f the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse ervice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its revents held for public exhibition, education, o	or rese	earch in furtherance of p	
) I W	f the organization elected, as permitted under SFAS 1 orks of art, historical treasures, or other similar asse ervice, provide the following amounts relating to these	16 (ASC 958), to report in its revenue sts held for public exhibition, education, of	staten	nent and balance sheet	ublic
(i) Revenues included in Form 990, Part VIII, line 1			► \$	
(ii) Assets included in Form 990, Part X			► \$	
I	f the organization received or held works of art, historically amounts required to be reported under SFAS		r finar		
3 p	evenues included in Form 990 Part VIII line 1			b - ¢	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Art</u>	<u>, His</u>	<u>toricai</u>	ireasu	res, or O	<u>tne</u>	<u>r Similar Asse</u>	ts (co	ntinued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other recor	ds, ch	neck any	of the foll	owing that a	re a	significant use of	its	
а	Public exhibition		d	┌ Lo	an or exc	hange progr	ams			
b	Scholarly research		e	┌ ot	her					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	v they fur	ther the o	organızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit o									_
Do	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrange							·	Yes	l No
Fai	Escrow and Custodial Arrange Part IV, line 9, or reported an arr					i aliswered	J I	es to rollil 990	ν,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for contr	ıbutıons	or other ass	ets i	not Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving table		_				
						_		Amou	ınt	
с	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	21?						Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII									<u> </u>
Pa	rt V Endowment Funds. Complete	f the organization (a)Current year		wered " Prior year					NEOUT V	ears back
1a	Beginning of year balance	11,087,030	(0)	11,048,		10,331,48		9,333,177	=) 1 Out y	ears back
ъ	Contributions	543,689		420,	_	481,02	-	238,129		
c	Net investment earnings, gains, and losses			<u> </u>						
_		176,710		-240,	_	425,752		901,334		
d	Grants or scholarships	832,706		141,	854	189,61	-	141,156		
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	10,974,723		11,087,	030	11,048,65	5	10,331,484		
2	Provide the estimated percentage of the curr	ent year end baland	e (lın	e 1g, col	umn (a))	held as				
а	Board designated or quasi-endowment 🕨	41 820 %								
ь	Permanent endowment ► 5 300 %									
С	Temporarily restricted endowment ► 52 8	380 %								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that are h	ield and a	idministered	l for	the	Yes	No
	(i) unrelated organizations							3a(i)	res	No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	chedule	R?			3b		
4	Describe in Part XIII the intended uses of th									
Par	t VI Land, Buildings, and Equipme Description of property	nt. See Form 99	0, Pa		e 10. t or other	(b)Cost or ot	harl	(c) Accumulated	(d) Boo	k value
	Description of property				vestment)	basis (other		depreciation	(d) boo	
1a	Land				8,973,957				8	3,973,957
	Buildings		•	!	56,512,309		\perp	20,547,009	3!	5,965,300
	Leasehold improvements		•				\perp			
	Equipment		•		9,744,185		+	8,155,723	:	1,588,462
		gual Form 000 Part)	· / cale		1,829,155			1,266,797	4-	562,358
iota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	quai rorm 990, Part)	, colu	ınn (B), li	ne 10(c).)	' · · ·	•	<u> ► </u>	47	7,090,077

Part VIII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other		_
(A) CASH AND MONEY MARKET	6,337,711	F
(B) COMMON STOCKS	2,241,590	F
(C) MUTUAL FUNDS	2,953,767	F
		-
(D) FIXED INCOME SECURITIES	1,326,514	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	12,859,582	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
(4) 5000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(2) 2001. 14.40
Total. (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of liability	(b) Book value	
Federal income taxes	400 140	
DEPOSITS HELD FOR OTHERS CAPITAL LEASE OBLIGATION	498,140 436,295	
CHITTE LEASE OBLIGATION	130,233	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	934,435	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the t		ion's financial statements that reports the

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er R</u>	eturn
1	Total revenue, gains, and other support per audited financial statements	1	31,206,630
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	203,427
3	Subtract line 2e from line 1	3	31,003,203
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	2,949,565
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	33,952,768
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	29,035,007
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	40,598
3	Subtract line 2e from line 1	3	28,994,409
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	2,960,815
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	31,955,224
Par	Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	A PORTION OF THE ENDOWMENT FUNDS ARE FOR STUDENT SCHOLARSHIPS AND AWARDS A PORTION IS AT THE DISCRETION OF ADMINISTRATION AND/OR THE BOARD FOR GENERAL OPERATIONS OR OTHER PURPOSES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	FIN 48 EXPLANATION IN EVALUATING A TAX POSITION FOR RECOGNITION, THE SCHOOL JUDGMENTALLY EVALUATES WHETHER IT IS MORE-LIKELY-THAN-NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION IF THE TAX POSITION MEETS THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE TAX POSITION IS MEASURED AND RECOGNIZED IN THE SCHOOLS FINANCIAL STATEMENTS AS THE LARGEST AMOUNT OF TAX BENEFIT THAT, IN MANAGEMENTS JUDGMENT, IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE SCHOOL FILES INFORMATION RETURNS IN THE UNITED STATES (U S) FEDERAL JURISDICTION THE SCHOOLS EVALUATION OF TAX POSITIONS WAS PERFORMED FOR THE YEARS ENDED 2010 THROUGH 2013 FOR THE U S FEDERAL JURISDICTION, THE TAX YEARS WHICH REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AS OF JULY 31, 2013 THE SCHOOL DID NOT RECOGNIZE ANY SIGNIFICANT TAX LIABILITIES FOR INCOME TAX ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS AS OF JULY 31, 2013 AND 2012
PART XI, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE ANNUITY 29,342 FINANCIAL AID GRANTS AND AWARDS 2,919,884 BOOKSTORE COGS - 40,598 BANK FEES INCL IN SCHOOL ENDOW GAIN/LOSS - OTHER INCOME 37,431 BAD DEBT EXP INCL IN SCHOOL ENDOW-OTHER INCOME 3,500 MISCELLANEOUS ROUNDING 6
PART XII, LINE 2D - OTHER ADJUSTMENTS		BOOKSTORE COGS 40,598
PART XII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID & AWARDS 2,919,884 BANK FEES INCL IN SCHOOL ENDOW GAIN/LOSS-OTHER INCOME 37,431 BAD DEBT EXP INCL IN SCHOOL ENDOW-OTHER INCOME 3,500

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493167012694

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

MID-PACIFIC INSTITUTE

Name of the organization

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.

Employer identification number

99-0073514

Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially 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	3	Yes	
4	Does the organization maintain the following?	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
Ŀ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ŀ	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		No
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE POLICY ON NONDISCRIMINATORY PRACTICES IS STATED IN THE OFFICIAL SCHOOL INFORMATION BROCHURE AND ALL ADVERTISEMENTS RUN FOR NEW APPLICANTS

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493167012694

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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. Form 990-EZ filers are not required to complete this part.

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

Supplemental Information Regarding

Open to Public Inspection

	ne of the organization						Employer iden	tification number
MIL	D-PACIFIC INSTITUTE						99-0073514	
Pa	art I Fundraising Acti	vities. Complete	ıf the or	ganızatı	on answered "Ye	s" to Forn	n 990, Part IV	, line 17.
a b c d	Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations							└──Yes └▽─N ndraiser is
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipt from activity	(or	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tot	al			>				
3	List all states in which the o licensing	rganization is regis	tered or lu	censed to	solicit funds or has	been noti	fied it is exempt	from registration or
ΗI								

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
			(a) Event #1 PCA GIFT CARDS	(b) Event #2 HELPING HANDS	(c) 0 ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
Reveilue	1	Gross receipts	387,980	201,602	654,109	1,243,691
ě	2	Less Contributions	100	16,013	86,873	102,986
	3	Gross income (line 1 minus line 2)	387,880	185,589	567,236	1,140,705
	4	Cash prizes				
<u>ي</u> 40	5	Noncash prizes			61,216	61,216
ದ Expenses	6	Rent/facility costs		3,130	10,696	13,826
	7	Food and beverages .		37,059	102,786	139,845
Direct	8	Entertainment			300	300
₫	9	Other direct expenses .	365,114	31,547	166,003	562,664
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		(777,851)
	11	Net income summary Combine li	ne 3, column (d), and line	10	•	362,854
Par	t II			'Yes" to Form 990, Pa	rt IV, line 19, or repo	·
		\$15,000 on Form 990-EZ, lii	ne ба. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				oingo/progressive bingo	(c) Other gailing	col (a) through col
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
xpen	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
ă	5	Other direct expenses				
	6	Volunteerlabor	Г Yes Г No	┌ Yes	┌ Yes	
	7	Direct expense summary Add line	s 2 through 5 in column (d	i)		
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	mn (d)		
9	Ent	ter the state(s) in which the organiza				
а	Ist	the organization licensed to operate	gaming activities in each	of these states?		. Fyes FNo
b	11	'No," explain				_
10a b		re any of the organization's gaming 'Yes," explain			the tax year?	· · 「Yes 「No
	• •					

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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Schedule I

(Form 990)

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

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

OMB No 1545-0047

DLN: 93493167012694

Open to Public

Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number MID-PACIFIC INSTITUTE 99-0073514 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC Code (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) GRANTS	20	149,000			
(2) AWARDS	395	2,770,884			
(3) TUITION WAIVERS	102	1,411,087			
(4) OTHER AWARDS (GRADUATION)	10	17,589			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT MONITORING SCHEDULE I, PART I GRANTS ARE PRIMARILY TO STUDENTS
MONITORING GRANTS		FOR FINANCIAL AID THE FINANCIAL AID IS APPLIED AGAINST THE STUDENTS' ACCOUNTS
IN THE U S		

Schedule I (Form 990) 2012

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DLN: 93493167012694

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization MID-PACIFIC INSTITUTE

Employer identification number

99-0073514

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Faying its for business use of personal residence			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	Total services (e.g., maid, endined)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		Yes	
	an costo, and costo, and costo, and costo, and costo and	2	165	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section $534958-6(c)^{7}$	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)JOE RICE PRESIDENT	(i) (ii)	238,882 0	32,000 0	900 0	27,652 0	17,885 0	317,319 0	0
(2)PATRICK GARVEY CHIEF FINANCIAL OFFICER	(i) (ii)	168,036 0	000,8 0	18,792 0	18,179 0	15,552 0	228,559 0	0
(3)KRISTY TONG VICE PRESIDENT - INST ADVANCE	(i) (ii)	137,372 0	2 ,0 00, 2 0	900 0	14,023 0	7,829 0	162,124 0	0
(4)EDNA HUSSEY ELEMENTARY SCHOOL PRINCIPAL	(i) (ii)	133,248 0	5,000, 5 0	18,792 0	14,141 0	12,963 0	184,144 0	0
(5)DR DWAYNE PRIESTER MIDDLE SCHOOL PRINCIPAL	(i) (ii)	132,443 0	5,000, 5 0	12,932 0	5,000 0	13,695 0	169,070 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

The state of the s		
Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE SCHEDULE J, PART I, LINE 1A THE PRESIDENT IS REQUIRED TO LIVE ON CAMPUS AS HE WOULD BE ONE OF THE FIRST TO RESPOND TO EMERGENCY SITUATIONS ADDITIONALLY THE PRESIDENT SERVES AS THE HOST FOR SCHOOL MEETINGS AND ACTIVITIES AT THE RESIDENCE
SUPPLEMENTAL INFORMATION		HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES SCHEDULE J, PART I, LINE 1A THE MEMBERSHIPS AT THREE SOCIAL CLUBS ARE TO PROVIDE VENUES FOR MEETINGS AND FUNCTIONS FOR SCHOOL RELATED GROUPS

Schedule J (Form 990) 2012

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DLN: 93493167012694 OMB No 1545-0047

2012

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Open to Public Inspection

► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service Name of the organization MID-PACIFIC INSTITUTE

Employer identification number 99-0073514

Bond Issues Part I (h) On (i) Pool (g) Defeased behalf of financing (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose ıssuer Yes Yes Yes No No No **DEPT OF BUDGET &** FINANCE OF THE STATE OF 99-0266961 419800GG6 03-22-2006 15.085.847 PLEASE SEE PART V Χ Χ Χ HAWAII Part II **Proceeds** С В D Amount of bonds retired 1,690,000 Amount of bonds legally defeased 2 Total proceeds of issue 3 15,085,847 Gross proceeds in reserve funds 964,331 Capitalized interest from proceeds 5 Proceeds in refunding escrows 6 Issuance costs from proceeds 7 Credit enhancement from proceeds 8 Working capital expenditures from proceeds 9 795,372 Capital expenditures from proceeds 10 13,326,144 Other spent proceeds 11 Other unspent proceeds 12 Year of substantial completion 13 2008

Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds? Part III Private Business Use										
15 Were the bonds issued as part of an advance refunding issue? 16 Has the final allocation of proceeds been made? 17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	Α	В	С	D						
15 Were the bonds issued as part of an advance refunding issue? 16 Has the final allocation of proceeds been made? 17 Does the organization maintain adequate books and records to support the final	Part III Private Business Use									
15 Were the bonds issued as part of an advance refunding issue?	х									
	X									
Were the bonds issued as part of a current refunding issue?	X									
	X									

Yes

Yes

property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bondfinanced property?

Χ Cat No 50193E

No

No

Χ

Yes

Yes

No

No

Yes

Yes

No

No

Schedule K (Form 990) 2012

Yes

Yes

No

No

Was the organization a partner in a partnership, or a member of an LLC, which owned

Sche	dule K (Form 990) 2012									Page 2
Par	Private Business Use (Continued)		1							
				A		В		<u>C</u>	ļ ,,	D
3a	Are there any management or service contracts that may result in private	business use	Yes	No	Yes	No	Yes	No	Yes	No
	of bond-financed property?			X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use b other than a section $501(c)(3)$ organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		9/0		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?									
9	Has the organization established written procedures to ensure that all none bonds of the issue are remediated in accordance with the requirements und			x						
_	Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage	Α			В		С		D	
		Yes	No	Yes	No No	Yes		No	Yes	No
1	Has the issuer filed Form 8038-T?		X	1	 					110
2	If "No" to line 1, did the following apply?						I	I I		
a	Rebate not due yet?		Х							
b	Exception to rebate?		Х							
С	No rebate due?	Х								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•		•	•	•		
3	Is the bond issue a variable rate issue?		Х							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
		•		•						

Pai	t IV Arbitrage (Continued)								
		A B		С		D			
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		x						
7	Has the organization established written procedures to monitor the requirements of section 148?		×						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								
	self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).										
Identifier	Return Reference	Explanation								
,		ISSUER NAME DEPT OF BUDGET & FINANCE OF THE STATE OF HAWAII DATE THE REBATE COMPUTATION WAS PERFORMED 03/22/2013								
SCHEDULE K PART I		THE BORROWER USED THE PROCEEDS OF THE BONDS TO REFINANCE DEBT INCURRED OR REIMBURSE FUNDS ADVANCED FOR OR TO FINANCE (I) CONSTRUCTION AND FURNISHING OF ITS NEW ELEMENTARY SCHOOL, (II) CONSTRUCTION OF ITS MATH, SCIENCE, AND TECHNOLOGY COMPLEX, (III) EXPANSION OF AN AIR CONDITIONING PLANT (IV) REPAIRS AND IMPROVEMENTS TO EXISTING BUILDINGS AND INFRASTRUCTURE IN AND SURROUNDING THE QUADRANGLE AREA OF THE SCHOOL CAMPUS PROCEEDS OF THE BONDS WILL ALSO BE USED TO PAY THE COSTS OF ISSUING THE BONDS, INCLUDING THE PREMIUM FOR THE BOND INSURANCE POLICY								

Schedule K (Form 990) 2012

DLN: 93493167012694

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization MID-PACIFIC INSTITUTE

Employer identification number

99-0073514

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	BOARD MEMBERS ARE PROVIDED A COPY OF THE TAX RETURN FOR THEIR REVIEW PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	TRANSACTIONS WITH MID-PACIFIC INSTITUTE BY OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES , WHERE THERE IS A FINANCIAL INTEREST THAT MAY BE AN ACTUAL OR POSSIBLE CONFLICT OF INTERE ST ARE DISCLOSED ANNUALLY AND WHEN THE TRANSACTIONS OR ARRANGEMENTS ARE PROPOSED ALL MATE RIAL FACTS OF THE TRANSACTIONS ARE GIVEN TO THE BOARD COMMITTEES DELEGATED OVERSIGHT POWER S TO CONSIDER THE PROPOSED TRANSACTION OR ARRANGEMENT THE COMMITTEE WILL DETERMINE WHETHE R THE TRANSACTION IS IN MID PACIFIC INSTITUTES BEST INTEREST, AND WHETHER IT IS FAIR AND REASONABLE OR WHETHER A MORE ADVANTAGEOUS ARRANGEMENT, NOT PRODUCING A CONFLICT OF INTERES T IS POSSIBLE IF THERE IS REASONABLE CAUSE TO BELIEVE AN OFFICER, DIRECTOR, TRUSTEE OR KE Y EMPLOYEE HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST THAT PERSON S HALL BE INFORMED OF THE BASIS OF SUCH BELIEF AND SHALL BE AFFORDED AN OPPORTUNITY TO EXPLA IN THE ALLEGED FAILURE TO DISCLOSE AFTER HEARING THE RESPONSE AND AFTER FURTHER INVESTIGA TION AS WARRANTED, IF THE OVER SIGHT COMMITTEE DETERMINES THERE HAS BEEN A FAILURE TO DISC LOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST THE APPROPRIATE DISCIPLINARY AND CORRECTIV E ACTION WILL BE TAKEN
	FORM 990, PART VI, SECTION B, LINE 15	AN ANALYSIS IS PREPARED BY THE CFO OF SALARIES OF COMPARABLE SCHOOLS IN HAWAII AND THE WES TERN UNITED STATES FROM INFORMATION OBTAINED FROM THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS AND GUIDE STAR FORMS 990 IF REQUIRED, ADDITIONAL SALARY INFORMATION IS OBTAINED F ROM THE HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS THE ANALYSIS IS GIVEN TO THE BOARD OF T RUSTEES FOR REVIEW TO APPROVE OF ANNUAL SALARY LEVELS FOR APPROPRIATE POSITIONS THE PRESI DENT'S SALARY IS DETERMINED BY BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION C, LINE 19	MID-PACIFIC INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR F INANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	INTEREST EXPENSE ANNUITY INCLUDED ON 990, BUT NOT ON FINANCIAL STATEMENTS -29,342 MISCELLANEOUS ROUNDING -6