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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>									
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>		<b>C Name of organization</b> Hawaii Pacific University				<b>D Employer identification number</b> 99-0113930	
				Doing Business As				<b>E Telephone number</b> (808) 543-8022	
				Number and street (or P O box if mail is not delivered to street address) 1132 Bishop Street			Room/suite	<b>G Gross receipts \$</b> 144,207,979	
				City or town, state or country, and ZIP + 4 Honolulu, HI 96813					
				<b>F Name and address of principal officer</b> Chatt G Wright 1166 Fort St Mall Ste 203B Honolulu, HI 96813				<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									
<b>J Website:</b> ▶ WWW HPU EDU									
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						<b>L Year of formation</b> 1965		<b>M State of legal domicile</b> HI	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities HAWAII PACIFIC UNIVERSITY IS AN INTERNATIONAL LEARNING COMMUNITY SET IN THE RICH CULTURAL CONTEXT OF HAWAII OUR INNOVATIVE PROGRAMS PREPARE OUR GRADUATES AS ACTIVE MEMBERS OF A GLOBAL SOCIETY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 2	
	5	Total number of employees (Part V, line 2a)	5 1,93	
	6	Total number of volunteers (estimate if necessary)	6 1,92	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 29,95	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -53,47	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	10,069,551	2,623,346
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,325,989	86,380,499
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-5,421,065	4,468,059
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	977,988	3,207,485
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	88,952,463	96,679,389
	14	Benefits paid to or for members (Part IX, column (A), line 4)	19,666,822	15,680,942
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	53,649,534	54,675,967
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 1,026,966	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,804,217	22,130,023
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	96,120,573	92,486,932
	19	Revenue less expenses Subtract line 18 from line 12	-7,168,110	4,192,457
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	91,490,080	96,285,611
	22	Net assets or fund balances Subtract line 21 from line 20	19,276,805	17,467,819
			72,213,275	78,817,792

<b>Part II Signature Block</b>					
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2011-05-09</div> </div> <div> <div></div> <div>Date</div> </div>	
	<div> <div></div> <div>Kenneth Uemura Vice President &amp; CFO</div> </div> <div>Type or print name and title</div>				
<b>Paid Preparer's Use Only</b>	<div> <div>Preparer's signature</div> <div></div> </div>		<div> <div></div> <div>Date</div> </div>	<div> <div></div> <div>Check if self-employed</div> <div></div> </div>	<div> <div></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div></div> </div>		<div> <div>ERNST &amp; YOUNG US LLP</div> <div>55 MERCHANT ST SUITE 1900 C-120</div> <div>HONOLULU, HI 96813</div> </div>		<div> <div>EIN</div> <div></div> </div>
					<div> <div>Phone no</div> <div>(808) 531-2037</div> </div>

Part III

Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If “Yes,” describe these new services on Schedule O:

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If “Yes,” describe these changes on Schedule O:

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code ) (Expenses \$ 16,122,224 including grants of \$ 2,639,002 ) (Revenue \$ 20,020,806 ) COLLEGE OF HUMANITIES & SOCIAL SCIENCES (SEE SCHEDULE O)
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4b	(Code ) (Expenses \$ 15,877,805 including grants of \$ 1,157,314 ) (Revenue \$ 19,717,284 ) COLLEGE OF BUSINESS ADMINISTRATION (SEE SCHEDULE O)
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4c	(Code ) (Expenses \$ 15,605,185 including grants of \$ 1,461,649 ) (Revenue \$ 19,378,740 ) COLLEGE OF NURSING AND HEALTH SCIENCE (SEE SCHEDULE O)
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4d	Other program services (Describe in Schedule O ) (Expenses \$ 21,954,708 including grants of \$ 10,335,242 ) (Revenue \$ 27,263,669 )
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4e	Total program service expenses \$ 69,559,922
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Part IV

Checklist of Required Schedules

		Yes	No						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes						
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No					
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5							
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No					
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes						
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes						
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.								
	◆ 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.								
	◆ 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.								
	◆ 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.								
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.								
	◆ 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? If "Yes," complete Schedule D, Part X.								
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td>12A</td><td>Yes</td><td></td></tr></table>	Yes	No	12A	Yes				
Yes	No								
12A	Yes								
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 								
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	Yes						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 	14b	Yes						
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 U S? If "Yes," complete Schedule F, Part II 	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 U S? If "Yes," complete Schedule F, Part III 	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 	17		No					
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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					
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No					

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	11,503	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1,930	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a 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 facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

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 Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	23	
b	Enter the number of voting members that are independent . . .	1b	20	
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	Yes	
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 organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
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 make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Kenneth T Uemura 1132 Bishop Street Ste 307 Honolulu, HI 96813 (808) 356-5256

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)



<b>1b</b>	<b>Total</b> . . . . .	4,584,788	0	409,142
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶51

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
WKF INC PO BOX 31000 HONOLULU, HI 968495484	RENT & MGMT SCVS	1,343,136
NIU PIA LAND COMPANY LTD PO BOX 1300 HONOLULU, HI 968071300	RENT & MGMT SCVS	1,039,695
DEG LLC 1132 BISHOP STREET SUITE 2305 HONOLULU, HI 96813	RENT & MGMT SCVS	970,017
FINANCE FACTORS CENTER PO BOX 1300 HONOLULU, HI 968071300	RENT & MGMT SCVS	814,096
SODEXO AMERICA LLC 2465 CAMPUS ROAD 220A HONOLULU, HI 96822	FOOD SERVICE MGMT	740,363

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶30

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a							
	b	Membership dues . . . . .	1b							
	c	Fundraising events . . . . .	1c	9,690						
	d	Related organizations . . . . .	1d							
	e	Government grants (contributions)	1e	1,319,434						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,294,222						
	g	Noncash contributions included in lines 1a-1f \$ 194,654								
	h	Total. Add lines 1a-1f . . . . .		2,623,346						
Program Service Revenue			Business Code							
	2a	Tuition & Fees	611,710	86,185,691	86,185,691					
	b	FEES & CONTRACTS FROM GOVERNMENT AGENCIES	611,710	194,808	194,808					
	c									
	d									
	e									
	f	All other program service revenue								
	g	Total. Add lines 2a-2f . . . . .		86,380,499						
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .								
				2,065,326			2,065,326			
	4	Income from investment of tax-exempt bond proceeds . . .		0						
	5	Royalties . . . . .		232			232			
	6a	Gross Rents	(i) Real	(ii) Personal						
			2,139,434							
			986,342							
			1,153,092							
	b	Less rental expenses			1,153,092			1,153,092		
	c	Rental income or (loss)								
	d	Net rental income or (loss) . . . . .								
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
			45,238,204							
			42,835,471							
			2,402,733							
	b	Less cost or other basis and sales expenses			2,402,733			2,402,733		
	c	Gain or (loss)								
	d	Net gain or (loss) . . . . .								
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .								
									a	112,416
									b	Less direct expenses . . . . .
	c	Net income or (loss) from fundraising events . . .		64,129				64,129		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .								
									a	
b									Less direct expenses . . . . .	
c	Net income or (loss) from gaming activities . . .		0							
10a	Gross sales of inventory, less returns and allowances . . . . .									
								a	4,539,917	
								b	Less cost of goods sold . . . . .	3,658,490
c	Net income or (loss) from sales of inventory . . .		881,426	879,996	1,430					
Miscellaneous Revenue		Business Code								
11a	Parking Fees	900,099	650,828				650,828			
b	Athletics	900,099	135,922		21,278		114,644			
c	Student Clubs	900,099	48,645				48,645			
d	All other revenue . . . . .		273,211		7,250		265,961			
e	Total. Add lines 11a-11d . . . . .		1,108,606							
12	Total revenue. See Instructions . . . . .		96,679,389	87,260,495	29,958		6,765,590			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	15,680,942	15,680,942		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	5,038,431	1,891,494	3,000,102	146,835
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	57,427	57,427		
7	Other salaries and wages	40,134,311	34,739,038	4,910,794	484,479
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,762,667	2,924,953	807,487	30,227
9	Other employee benefits . . . . .	2,143,056	1,989,809	115,885	37,362
10	Payroll taxes . . . . .	3,540,075	2,524,427	979,383	36,265
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	395,977	26,070	368,087	1,820
c	Accounting . . . . .	154,295		154,295	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	393,833		393,833	
g	Other . . . . .	2,832,696	992,446	1,747,704	92,546
12	Advertising and promotion . . . . .	2,431,737	1,207,414	1,190,146	34,177
13	Office expenses . . . . .	3,770,818	2,938,004	681,400	151,414
14	Information technology . . . . .	990,228		990,228	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	5,688,476	365,108	5,323,033	335
17	Travel . . . . .	1,511,740	1,342,013	167,814	1,913
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	243,000	188,945	51,296	2,759
20	Interest . . . . .	170,092	140,250	29,504	338
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	1,188,808	962,935	225,873	
23	Insurance . . . . .	882,689	311,101	571,588	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Student Recruitment	726,826	649,023	77,803	
b	INSTRUC MEDIA AUDIO VISUAL	334,827	334,613		214
c	All other expenses	413,981	293,910	113,789	6,282
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	92,486,932	69,559,922	21,900,044	1,026,966
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .					1	
	2	Savings and temporary cash investments . . . . .				10,596,995	2	8,094,139
	3	Pledges and grants receivable, net . . . . .				769,819	3	563,392
	4	Accounts receivable, net . . . . .				4,766,406	4	4,913,785
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .					6	
	7	Notes and loans receivable, net . . . . .				3,800,974	7	3,593,539
	8	Inventories for sale or use . . . . .				902,715	8	917,154
	9	Prepaid expenses and deferred charges . . . . .				282,246	9	300,101
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	33,032,753				
	b	Less accumulated depreciation . . . . .	10b	21,820,382	8,830,731	10c	11,212,371	
	11	Investments—publicly traded securities . . . . .				61,220,875	11	66,405,529
	12	Investments—other securities See Part IV, line 11 . . . . .					12	
	13	Investments—program-related See Part IV, line 11 . . . . .					13	
	14	Intangible assets . . . . .					14	
	15	Other assets See Part IV, line 11 . . . . .				319,319	15	285,601
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .				91,490,080	16	96,285,611
Liabilities	17	Accounts payable and accrued expenses . . . . .				6,271,425	17	6,716,670
	18	Grants payable . . . . .				5,086,811	18	2,758,998
	19	Deferred revenue . . . . .				4,735,127	19	4,261,806
	20	Tax-exempt bond liabilities . . . . .					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .					22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .					23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .					24	
	25	Other liabilities Complete Part X of Schedule D . . . . .				3,183,442	25	3,730,345
	26	Total liabilities. Add lines 17 through 25 . . . . .				19,276,805	26	17,467,819
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets . . . . .				62,279,574	27	68,067,095
	28	Temporarily restricted net assets . . . . .				5,798,791	28	6,474,235
	29	Permanently restricted net assets . . . . .				4,134,910	29	4,276,462
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds . . . . .					30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .					31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .					32	
	33	Total net assets or fund balances . . . . .				72,213,275	33	78,817,792
34	Total liabilities and net assets/fund balances . . . . .				91,490,080	34	96,285,611	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

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.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization Hawaii Pacific University	Employer identification number 99-0113930
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

b**33 1/3% support tests—2008.** 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

☐

20**Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

☐



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 99-0113930

Name: Hawaii Pacific University

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	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Charles A Sted Trustee, Chairman	5 0	X		X				0	0	0
John A Lockwood Trustee, Secretary	5 0	X		X				0	0	0
Martin Anderson Trustee	5 0	X						0	0	0
Steven K Baker Trustee	5 0	X						0	0	0
James Ajello Trustee	5 0	X						0	0	0
Michael J Chun Trustee	5 0	X						0	0	0
Conrad Hewitt Trustee	5 0	X						0	0	0
Christina D Doane Trustee	5 0	X						0	0	0
Thomas B Fargo Trustee	5 0	X						0	0	0
Eric Yeaman Trustee	5 0	X						0	0	0
Michael D Hong Trustee	5 0	X						0	0	0
Lawrence M Johnson Trustee	5 0	X						0	0	0
Kip E Jones Trustee	5 0	X						0	0	0
Violet Loo Trustee	5 0	X						0	0	0
Lynne Johnson Trustee	5 0	X						0	0	0
Bill D Mills Trustee	5 0	X						0	0	0
Michael E O'Neill Trustee	5 0	X						0	0	0
Peter S Ho Trustee	5 0	X						0	0	0
James S Romig Trustee	5 0	X						0	0	0
Lily SF Sun Trustee	5 0	X						0	0	0
Raymond P Vara Trustee	5 0	X						0	0	0
Allen L Zecha Trustee	5 0	X						0	0	0
Chatt G Wright Trustee, President	40 0	X		X				1,323,196	0	57,997
Kenneth T Uemura Vice President & CFO	40 0			X				273,193	0	37,667
John M Kearns VP, Academic Affairs	40 0			X				193,178	0	26,184

**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	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Edward R Stepien VP, Administration	40 0			X				608,570	0	24,901
Jeffrey L Philpott VP, Student Affairs	40 0			X				160,775	0	21,212
Scott C Stensrud VP, Enrollment Management	40 0			X				181,590	0	15,869
Leslie H Correa VP, Institutional Research	40 0			X				153,889	0	27,968
Kathleen R Clark Assoc VP & Controller	40 0			X				114,773	0	13,551
Margaret Ulveling Assoc VP, Inst Advancement	40 0			X				125,685	0	19,161
Robert E Cyboron Assoc VP, Off Campus Programs	40 0			X				116,930	0	13,870
Nancy Hedlund Assoc VP, Planning & Assesment	40 0			X				127,703	0	23,473
Linda Kawamura VP, Human Resources	40 0			X				114,028	0	13,600
Claire Cooper Assoc VP, Human Resources	40 0			X				27,220	0	1,291
Randy M Caine Dean, Nursing and Health Sci	40 0				X			179,797	0	26,728
Gordon L Jones Dean, Professional Studies	40 0					X		152,004	0	18,433
Ugur Aytun Ozturk Dean, Business Administration	40 0					X		136,726	0	20,509
Andrew Brittain Dean, Nat & Computational sci	40 0					X		137,519	0	14,695
Leroy O Laney Professor	40 0					X		134,928	0	14,924
Warren Wee Assoc Dean, Business Administr	40 0					X		131,964	0	14,924
Charles F Steilen Dean, Business Administration	40 0						X	191,120	0	2,185

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Hawaii Pacific University

Employer identification number  
99-0113930

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►\_\_\_\_\_

4

Number of states where property subject to conservation easement is located ►\_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	60,623,110	72,395,177		
b	Contributions . . . . .	113,118	341,032		
c	Investment earnings or losses . . . . .	6,278,087	-11,371,521		
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	995,229	741,578		
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	66,019,086	60,623,110		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 87.300 %

b

Permanent endowment ▶ 6.480 %

c

Term endowment ▶ 6.220 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

☐

No

3a(ii)

☐

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		272,000		272,000
b Buildings . . . . .		12,272,705	5,509,829	6,762,876
c Leasehold improvements . . . . .		4,881,607	3,804,338	1,077,269
d Equipment . . . . .		14,352,653	12,463,195	1,889,458
e Other . . . . .		1,253,788	43,020	1,210,768
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				11,212,371

Schedule D (Form 990) 2009



<b>Part XI    Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>			
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	
<b>3</b>	Excess or (deficit) for the year   Subtract line 2 from line 1	<b>3</b>	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net)   Add lines 4 - 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per financial statements   Combine lines 3 and 9	<b>10</b>	
<b>Part XII    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
<b>1</b>	Total revenue, gains, and other support per audited financial statements   . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments   . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities   . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants   . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)   . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b   . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)   . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue   Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 )   . . . . .	<b>5</b>	

<b>Part XIII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
<b>1</b>	Total expenses and losses per audited financial statements   . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities   . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments   . . . . .	<b>2b</b>	
<b>c</b>	Other losses   . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)   . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b   . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)   . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses   Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 )   . . . . .	<b>5</b>	

<b>Part XIV    Supplemental Information</b>
---

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	FORM 990, SCHEDULE D, PART V, LINE 4	HAWAII PACIFIC UNIVERSITY ENDOWMENT FUND INCLUDES QUASI, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS. THE FUNDAMENTAL PURPOSE OF THE UNIVERSITY'S ENDOWED FUNDS IS TO SUPPORT THE CORE ACADEMIC MISSION OF THE UNIVERSITY. SPENDING FROM THE ENDOWMENT IS USED PRIMARILY FOR ACADEMIC PURPOSES, GOING TOWARD ACADEMIC PROGRAMS, INSTRUCTION AND RESEARCH, STUDENT AID, AND MAINTENANCE OF THE BUILDINGS AND CLASSROOMS. HAWAI'I PACIFIC UNIVERSITY IS ALSO PLANNING AN EXPANSION OF THE HAWAII LOA CAMPUS WHICH WILL BE FUNDED PARTIALLY THROUGH THE ENDOWMENT FUND. QUASI ENDOWMENT FUNDS ARE DEFINED AS FUNDS FOR WHICH THE UNIVERSITY, RATHER THAN A DONOR, HAS DETERMINED THAT THE CORPUS IS TO BE RETAINED AND INVESTED. EXAMPLES OF UNIVERSITY QUASI ENDOWMENTS ARE THE UNIVERSITY BOARD OF TRUSTEES HAS DESIGNATED FUNDS FOR FACULTY TECHNOLOGY GRANTS AND THE TRUSTEE'S SCHOLARLY ENDEAVORS PROGRAMS TO SUPPORT FACULTY DEVELOPMENT AND RESEARCH. TEMPORARILY RESTRICTED ENDOWMENTS CARRY RESTRICTIONS THAT EXPIRE UPON THE PASSAGE OF A PRESCRIBED PERIOD OR UPON THE OCCURRENCE OF A STATED EVENT, AS SPECIFIED BY THE DONOR. THE UNIVERSITY HAS A NATIONAL ENDOWMENT FOR THE HUMANITIES CHALLENGE GRANT THAT IS RESTRICTED FOR LIBRARY ACQUISITIONS AND AN ENDOWED CHAIR OF HUMANITIES. HAWAII PACIFIC UNIVERSITY HAS PERMANENTLY RESTRICTED ENDOWMENTS WHICH ARE GIFTS AND BEQUESTS WHICH HAVE BEEN ACCEPTED WITH DONOR'S STIPULATIONS THAT THE PRINCIPAL BE MAINTAINED INTACT IN PERPETUITY WITH ONLY THE INCOME TO BE UTILIZED IN ACCORDANCE WITH DONOR STIPULATIONS. DONORS MAY PROVIDE FUNDS WITH RESTRICTIONS BASED ON THEIR INTERESTS TO FUND SPECIFIC PROGRAMS, SCHOLARSHIPS, BUILDINGS, TECHNOLOGY, RESEARCH, FACULTY OR STUDENT ACTIVITIES SUCH AS CHEER AND DANCE. THE UNIVERSITY HONORS DONOR INTENT IN ACCORDANCE WITH THE PROVISIONS OF THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT. THE MAJORITY OF PERMANENTLY RESTRICTED GIFTS ARE DESIGNATED FOR USE AS SCHOLARSHIPS.
FIN 48 FOOTNOTE	FORM 990, SCHEDULE D, PART X, LINE 2	FOLLOWING IS THE FIN 48 FOOTNOTE FROM THE COMBINED AUDITED FINANCIAL STATEMENTS OF HAWAII PACIFIC UNIVERSITY: THE COMPANY ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 ("FIN 48") (CODIFIED WITHIN ASC 740, INCOME TAXES) EFFECTIVE JULY 1, 2009. ASC 740 CLARIFIED THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS AND REQUIRES THE IMPACT OF A TAX POSITION TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED BY THE TAXING AUTHORITY. THE ADOPTION OF THE STANDARD DID NOT IMPACT THE COMBINED FINANCIAL STATEMENTS.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization

Hawaii Pacific University

Employer identification number

99-0113930

		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?	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?	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 See Schedule O	Yes	
4	Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
5	Does the organization discriminate by race in any way with respect to a Students' rights or privileges?  b Admissions policies?  c Employment of faculty or administrative staff?  d Scholarships or other financial assistance?  e Educational policies?  f Use of facilities?  g Athletic programs?  h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
			No
			No
			No
			No
			No
			No
			No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
6b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
7	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 Schedule O (Form 990)	Yes	



SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Hawaii Pacific University

Employer identification number  
  
99-0113930

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

**For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**
- 2

**For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	15	Program Services	Recruitment	161,054
East Asia and the Pacific	0	15	Program Services	Faculty On-Line Course	12,599
East Asia and the Pacific	0	15	Program Services	Study Abroad	10,409
Europe (Including Iceland and Greenland)	0	18	Program Services	Recruitment	498,729
Europe (Including Iceland and Greenland)	0	18	Program Services	Faculty On-Line Course	5,183
Europe (Including Iceland and Greenland)	0	18	Program Services	Publishers	22,792
Middle East and North Africa	0	1	Program Services	Recruitment	8,188
North America	0	1	Program Services	Recruitment	1,717
North America	0	1	Program Services	Publishers	4,860
South Asia	0	3	Program Services	Recruitment	2,736
Totals . . . . . ►	0	105			728,267

[illegible]**Schedule F (Form 990) 2009**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

**Schedule F (Form 990) 2009**

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Hawaii Pacific University

Employer identification number  
99-0113930

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>Cheer &amp; Dance</u>	<u>Pizza &amp; Chili</u>	<u>16</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . .	42,685	20,324	59,097	122,106	
	2	Less Charitable contributions . . . .			9,690	9,690	
3	Gross income (line 1 minus line 2) . . . .	42,685	20,324	49,407	112,416		
Direct Expenses	4	Cash prizes . . . .					
	5	Non-cash prizes . . . .					
	6	Rent/facility costs . . . .					
	7	Food and beverages . . . .					
	8	Entertainment . . . .					
	9	Other direct expenses . . . .	13,694	8,178	26,415	48,287	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					48,287
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶					64,129

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
<b>16</b>	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Hawaii Pacific University

Employer identification number  
99-0113930

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3

Enter total number of other organizations . . . . . ▶





Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Hawaii Pacific University	Employer identification number 99-0113930
---	--

Part 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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b 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 the expenses described above? If "No," complete Part III to explain		No
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	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> 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		
4a Receive a severance payment or change-of-control payment?	Yes	
4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c Participate in, or receive payment from, an equity-based compensation arrangement?		No
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		
5a The organization?		No
5b Any related organization?		No
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		
6a The organization?		No
6b Any related organization?		No
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		No
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Chatt G Wright	(i)	445,508	0	877,688	41,649	16,348	1,381,193	0
	(ii)	0	0	0	0	0	0	0
Kenneth T Uemura	(i)	256,617	0	16,576	26,812	10,855	310,860	0
	(ii)	0	0	0	0	0	0	0
John M Kearns	(i)	190,883	0	2,295	21,196	4,988	219,362	0
	(ii)	0	0	0	0	0	0	0
Edward R Stepien	(i)	208,728	0	399,842	23,174	1,727	633,471	0
	(ii)	0	0	0	0	0	0	0
Jeffrey L Philpott	(i)	141,237	0	19,538	17,773	3,439	181,987	0
	(ii)	0	0	0	0	0	0	0
Scott C Stensrud	(i)	139,762	0	41,828	15,869	0	197,459	0
	(ii)	0	0	0	0	0	0	0
Leslie H Correa	(i)	150,759	0	3,130	17,686	10,282	181,857	0
	(ii)	0	0	0	0	0	0	0
Nancy Hedlund	(i)	127,103	0	600	14,624	8,849	151,176	0
	(ii)	0	0	0	0	0	0	0
Charles F Steilen	(i)	97,890	0	93,230	2,109	76	193,305	0
	(ii)	0	0	0	0	0	0	0
Randy M Caine	(i)	179,247	0	550	20,119	6,609	206,525	0
	(ii)	0	0	0	0	0	0	0
Gordon L Jones	(i)	151,404	0	600	16,969	1,464	170,437	0
	(ii)	0	0	0	0	0	0	0
Ugur Aytun Ozturk	(i)	134,866	0	1,860	15,181	5,328	157,235	0
	(ii)	0	0	0	0	0	0	0
Andrew Brittain	(i)	121,557	0	15,962	14,581	114	152,214	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	FORM 990, SCHEDULE J, PART I, QUESTIONS 1A & 1B	DURING THE TAX YEAR, THERE WAS NO WRITTEN POLICY REGARDING PAYMENT OF SOCIAL CLUB MEMBERSHIP DUES. HOWEVER, A POLICY IS TARGETED TO BE IN PLACE PRIOR TO THE END OF FISCAL YEAR 2011-2012 COVERING CLUB MEMBERSHIPS AND OTHER EXECUTIVE FRINGE BENEFITS IN CONCERT WITH THE START OF A NEW PRESIDENT. SOCIAL CLUB MONTHLY DUES WERE PAID FOR THE FOLLOWING FOUR (4) EXECUTIVES: PRESIDENT CHATT WRIGHT (PACIFIC CLUB \$ 3,896, OUTRIGGER CANOE CLUB \$2,328, WAIALAE COUNTRY CLUB \$ 2,244) 90% OF USE TREATED AS BUSINESS USE, 10% AS TAXABLE INCOME; VICE PRESIDENT & CFO, KENNETH UEMURA (OAHU COUNTRY CLUB, \$5,640), 98% OF USE TREATED AS BUSINESS USE, 2% AS TAXABLE INCOME; VICE PRESIDENT OF ADMINISTRATION, E. RICHARD STEPIEN, (PLAZA CLUB, \$1,837.28), 90% TREATED AS BUSINESS USE; DEAN OF COLLEGE OF BUSINESS ADMINISTRATION, AYTUN OZTURK, (PLAZA CLUB, \$1,955.95), 100% TREATED AS BUSINESS USE. A PORTION OF THE DUES ARE TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSONS BASED ON THE PERCENTAGE OF TIME USED FOR BUSINESS VERSUS PERSONAL USE. THE EXECUTIVES HOST UNIVERSITY EVENTS AT THE LOCATIONS AND ARE REIMBURSED FOR EXPENSES RELATED TO UNIVERSITY EVENTS IN ADDITION TO THE MONTHLY DUES.
METHOD USED TO ESTABLISH PRESIDENT'S COMPENSATION	FORM 990, SCHEDULE J, QUESTION 3	CHATT G. WRIGHT HAS SERVED AS PRESIDENT OF THE UNIVERSITY SINCE 1976. THE PRESIDENT'S COMPENSATION PREVIOUSLY WAS SET BY THE CHAIRMAN OF THE BOARD. FOR THE TAX YEAR, THE PRESIDENT WAS PAID PURSUANT TO A CONTRACT NEGOTIATED BETWEEN THE FORMER CHAIRMAN OF THE BOARD AND THE PRESIDENT EFFECTIVE JULY 1, 2001. HOWEVER, THE PRESIDENT DECLINED HIS CONTRACTUAL PAY RAISE FOR THE TAX YEAR REPORTED. IN MAY 2009, THE BOARD OF TRUSTEES ESTABLISHED A COMPENSATION COMMITTEE AS A STANDING COMMITTEE OF THE BOARD. THE COMPENSATION COMMITTEE WAS TASKED WITH ADOPTING A COMPENSATION PHILOSOPHY, REVIEWING THE PERFORMANCE OF THE PRESIDENT, OTHER OFFICERS OF THE UNIVERSITY, AND SETTING COMPENSATION IN COMPLIANCE WITH THE SAFE HARBOR PROVISIONS UNDER THE INTERMEDIATE SANCTION RULES. FOUR TRUSTEES SIT ON THE COMPENSATION COMMITTEE. THIS COMMITTEE ADOPTED A COMPENSATION PHILOSOPHY IN FEBRUARY 2010 COMPLIANT WITH REGULATORY CONCERNS OF A TAX-EXEMPT UNIVERSITY. THE COMMITTEE'S GOAL IS TO ENSURE THAT EXECUTIVES OF THE UNIVERSITY RECEIVE COMPENSATION THAT IS MARKET COMPETITIVE, SUPPORTS ITS ACADEMIC GOALS AND IS RELEVANT TO THE INDIVIDUAL'S ANNUAL JOB PERFORMANCE WHILE BEING SENSITIVE TO FUNDING AVAILABILITY AND LONGER-TERM BUDGET GOALS. THE COMPENSATION COMMITTEE REVIEWS AND APPROVES THE PERFORMANCE AND COMPENSATION OF THE PRESIDENT ON AN ANNUAL BASIS AND REPORTS ITS DECISIONS TO THE BOARD. THE COMMITTEE ALSO REVIEWS AND APPROVES THE RECOMMENDATIONS OF THE PRESIDENT ON COMPENSATION OF OTHER OFFICERS OF THE UNIVERSITY AND REPORTS COMPENSATION DECISIONS TO THE BOARD. A COMPENSATION CONSULTANT HAS BEEN RETAINED TO CONDUCT COMPENSATION SURVEYS OF ALL EXECUTIVE POSITIONS, INCLUDING THE PRESIDENT'S. ALL EXECUTIVE OFFICER COMPENSATION, INCLUDING THE PRESIDENT'S COMPENSATION, WILL BE APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE BASED ON COMPARABLE COMPENSATION DATA FROM SIMILAR INSTITUTIONS, AND REASONABLENESS OF EXECUTIVES' COMPENSATION ASSESSED BY THE THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT. SEVERANCE PAYMENT FORM 990, SCHEDULE J, QUESTION 4A: CHARLES F. STEILEN RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$97,500.
EXPLANATION OF OTHER REPORTABLE COMPENSATION	SCHEDULE J, PART II, COLUMN (B) (III)	FOR CHATT G. WRIGHT, OF THE TOTAL AMOUNT, \$872,300 REPRESENTS BENEFITS THAT ACCRUED FROM 1994 THROUGH 2008 UNDER THE EXECUTIVE BENEFIT PLAN THAT WERE PAID DURING THE REPORTING YEAR. FOR EDWARD R. STEPIEN, OF THE TOTAL AMOUNT, \$396,851 REPRESENTS BENEFITS THAT ACCRUED FROM 1994 THROUGH 2008 UNDER THE EXECUTIVE BENEFIT PLAN THAT WERE PAID DURING THE REPORTING YEAR. FOR SCOTT C. STENSRUD, OF THE TOTAL AMOUNT, \$36,051 REPRESENTS BENEFITS THAT ACCRUED FROM 1994 THROUGH 2008 UNDER THE EXECUTIVE BENEFIT PLAN THAT WERE PAID DURING THE REPORTING YEAR. FOR JEFFREY L. PHILPOTT, OF THE TOTAL AMOUNT, \$16,651 REPRESENTS BENEFITS THAT ACCRUED FROM 1994 THROUGH 2008 UNDER THE EXECUTIVE BENEFIT PLAN THAT WERE PAID DURING THE REPORTING YEAR. FOR CHARLES F. STEILEN, OF THE TOTAL AMOUNT, \$84,474 REPRESENTS BENEFITS THAT ACCRUED FROM 1994 THROUGH 2008 UNDER THE EXECUTIVE BENEFIT PLAN THAT WERE PAID DURING THE REPORTING YEAR.

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  

2009

Open to Public Inspection

Name of the organization  
Hawaii Pacific University

Employer identification number  
99-0113930

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Micheline Soong	family member of officer	57,427	compensation as professor		No
BANK OF HAWAII	Dirs are trustees of HPU	698,023	Banking services (aggregate)		No
HAWAII MEDICAL SERVICE ASSOCIATION	Dir is trustee of HPU	877,206	Employee hlth ins (aggregate)		No

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Hawaii Pacific University

Employer identification number  
99-0113930

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	5	193,554	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
FOOD -				
25 Other ► ( BANQUET )	X	1	1,000	COST/SELLING PRICE
COMPUTER				
MEMORY				
26 Other ► ( CHIP )	X	1	100	COST/SELLING PRICE
27 Other ► ( )				
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

No

Yes

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SALE OF NON-CASH CONTRIBUTIONS	PART I	FOR NON-CASH CONTRIBUTIONS, SUCH AS SECURITIES, THAT ARE NOT TO BE USED BY HAWAII PACIFIC UNIVERSITY IN THE CONDUCT OF ITS OPERATIONS, HAWAII PACIFIC UNIVERSITY ARRANGES FOR FINANCIAL INSTITUTIONS WITH EXPERTISE IN THE AREA TO ASSIST WITH THE SALE

Additional Data

Software ID:  
Software Version:  
EIN: 99-0113930  
Name: Hawaii Pacific University

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132040151
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<b>SCHEDULE O</b> (Form 990)	<b>Supplemental Information to Form 990</b>	OMB No 1545-0047 <b>2009</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service		
<b>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</b> ▶ <b>Attach to Form 990.</b>		
<b>Name of the organization</b> Hawaii Pacific University		<b>Employer identification number</b> 99-0113930

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S MISSION	FORM 990, PART III, QUESTION 1	HAWAII PACIFIC UNIVERSITY IS AN INTERNATIONAL LEARNING COMMUNITY SET IN THE RICH CULTURAL CONTEXT OF HAWAII STUDENTS FROM AROUND THE WORLD JOIN US FOR AN AMERICAN EDUCATION BUILT ON A LIBERAL ARTS FOUNDATION OUR INNOVATIVE UNDERGRADUATE AND GRADUATE PROGRAMS ANTICIPATE THE CHANGING NEEDS OF THE COMMUNITY AND PREPARED OUR GRADUATES TO LIVE, WORK, AND LEARN AS ACTIVE MEMBERS OF A GLOBAL SOCIETY OUR ENTREPRENEURIAL SPIRIT AND INTERNATIONAL LEARNING ENVIRONMENT CHALLENGE STUDENTS TO THINK DIFFERENTLY ABOUT THE WORLD AND THEIR PLACE IN IT FOUNDED IN 1965, HAWAII PACIFIC UNIVERSITY IS THE LARGEST INDEPENDENT PRIVATE UNIVERSITY IN THE STATE OF HAWAII THERE ARE OVER 8,000 UNDERGRADUATE AND GRADUATE STUDENTS FROM OVER 100 COUNTRIES AND ALL 50 STATES MAKING THE UNIVERSITY ONE OF THE MOST CULTURALLY DIVERSE UNIVERSITIES IN THE WORLD HAWAII PACIFIC UNIVERSITY IS ACCREDITED BY THE WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES, THE COUNCIL ON SOCIAL WORK EDUCATION AND THE NATIONAL LEAGUE FOR NURSING ACCREDITING COMMISSION STRATEGICALLY LOCATED IN THE CENTER OF THE PACIFIC RIM, THE REGION WITH THE FASTEST GROWING ECONOMIES IN THE WORLD, HAWAII PACIFIC UNIVERSITY DELIVERS AN OUTSTANDING LIBERAL ARTS EDUCATION THAT ANTICIPATES TODAY'S DYNAMIC WORKFORCE NEEDS AND PREPARES STUDENTS TO SUSTAIN HAWAII AND SUCCEED IN THE WORLD THE MAIN CAMPUS IS LOCATED IN DOWNTOWN HONOLULU, THE BUSINESS AND FINANCIAL CENTER OF THE PACIFIC EIGHT MILES AWAY, SITUATED ON OVER 130 ACRES IN KANEOHE, THE HAWAII LOA CAMPUS IS THE SITE OF THE SCHOOL OF NURSING, THE MARINE SCIENCE (MARINE BIOLOGY AND OCEANOGRAPHY), AND ENVIRONMENTAL STUDIES PROGRAMS AS WELL AS SEVERAL LIBERAL ARTS PROGRAMS COURSES ARE ALSO OFFERED AT ALL OAHU MILITARY BASES FOR ACTIVE DUTY MILITARY, VETERANS, DEFENSE DEPARTMENT EMPLOYEES, AND THEIR DEPENDENTS STUDENTS MAY TAKE CLASSES WHERE IT IS MOST CONVENIENT AND MAY SELECT FROM A WIDE RANGE OF ONLINE COURSES

Identifier	Return Reference	Explanation
DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, QUESTIONS 4A-4C	COLLEGE OF HUMANITIES & SOCIAL SCIENCES THE COLLEGE OF HUMANITIES AND SOCIAL SCIENCES ENCOMPASSES NINE DEPARTMENTS (ARTS AND HUMANITIES, COMMUNICATION, EDUCATION, ENGLISH, HISTORY, INTERNATIONAL STUDIES, PSYCHOLOGY, SOCIAL WORK, SOCIOLOGY AND LEGAL STUDIES) ALONG WITH ARTS PROGRAMS IN MUSIC, THEATRE, AND THE VISUAL ARTS ACCREDITED PROFESSION PROGRAMS IN EDUCATION AND SOCIAL WORK INCORPORATE EXTENSIVE FIELD EXPERIENCE TO PREPARE STUDENTS FOR CAREERS OF SERVICE THE HISTORY DEPARTMENT, THROUGH ITS BACHELORS AND MASTER PROGRAMS IN DIPLOMACY AND MILITARY STUDIES ORGANIZED A HIGHLY-SUCCESSFUL STUDY TOUR OF VIETNAM THE INTERNATIONAL STUDIES DEPARTMENT, WHICH INCLUDES THE BACHELOR AND MASTER DEGREES IN TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES, WAS RENEWED FOR THE THIRD YEAR OF A GRANT FROM THE DEPARTMENT OF STATE TO PREPARE MATERIALS FOR TEACHING ENGLISH INTERNATIONALLY AND HOST A SUMMER INSTITUTE FOR TWENTY-THREE TEACHERS FROM OTHER COUNTRIES INTERNATIONAL STUDIES ALSO SPONSORS THE MODEL UN CLUB WHICH HAS WON AWARDS EACH OF THE LAST FOUR YEARS AT THE NATIONAL MODEL UN CONFERENCE IN NEW YORK CITY THE COMMUNICATION DEPARTMENT OVERSEES HPU'S AWARD-WINNING NEWSPAPER KALAMALAMA MUSIC PROGRAM (BAND, CHAMBER ORCHESTRA, INTERNATIONAL CHORALE AND VOCAL ENSEMBLE) CONTINUE TO RECEIVE RECOGNITION, AND THEATRE PRODUCTIONS GARNERED TWO PO'OKELA AWARDS FOR EXCELLENCE GRADUATES ARE WELL PREPARED TO BECOME LIFELONG LEARNERS AND HAVE THE CAPACITY FOR CRITICAL THOUGHT, CREATIVE EXPRESSION, CURIOSITY, ADAPTABILITY AND INDEPENDENCE COLLEGE OF BUSINESS ADMINISTRATION HAWAII PACIFIC UNIVERSITY'S COLLEGE OF BUSINESS ADMINISTRATION OFFERS UNDERGRADUATE AND GRADUATE DEGREES IN ACCOUNTING, FINANCE, MARKETING, TRAVEL INDUSTRY MANAGEMENT, HUMAN RESOURCES, ECONOMICS, PUBLIC ADMINISTRATION AND INTERNATIONAL BUSINESS TWO KEY THEMES OF THE COLLEGE ARE ENTREPRENEURSHIP AND PRODUCTIVE CONNECTIONS WITH THE HONOLULU BUSINESS COMMUNITY THE COLLEGE COORDINATES THE PAPPAS ENTREPRENEURSHIP LECTURE SERIES WHICH BRINGS TOGETHER PROMINENT ENTREPRENEURS WITH HPU STUDENTS AND FACULTY, AS WELL AS MEMBERS OF THE BUSINESS COMMUNITY THROUGH A RANGE OF INTERNSHIP OPPORTUNITIES, STUDENTS IN ALL BUSINESS MAJORS HAVE OPPORTUNITIES TO CONNECT WITH THE COMMUNITY AND GAIN REAL-WORLD EXPERIENCE AS PART OF THE EXECUTIVE MBA, SPEAKERS FROM THE HONOLULU BUSINESS COMMUNITY MEET WITH STUDENTS IN THE DISTINGUISHED SPEAKER SERIES STUDENTS IN THE COLLEGES PROGRAMS ARE ACTIVE IN A NUMBER OF CLUBS A PARTICULARLY ACTIVE ORGANIZATION IS SIFE (STUDENTS IN FREE ENTERPRISE), WHICH HAS CONDUCTED PROJECTS THAT GIVE STUDENTS HANDS-ON EXPERIENCE WITH THE KEY BUSINESS FUNCTIONS SUCH AS PRODUCTION, MARKETING, HUMAN RESOURCE MANAGEMENT, AND FINANCING THE CLUB REGULARLY PARTICIPATES IN THE REGIONAL COMPETITIONS, USUALLY TAKING FIRST OR SECOND PLACE GRADUATES UNDERSTAND THE GLOBAL COMPETITIVE ENVIRONMENT AND POSSESS THE NECESSARY PROFESSIONAL ATTITUDE AND SKILLS TO ACTIVELY COMPETE ANYWHERE COLLEGE OF NURSING & HEALTH SCIENCE THE COLLEGE OF NURSING AND HEALTH SCIENCES HAS IMPLEMENTED A VISION FOR HEALTH CARE IN THE 21ST CENTURY THE COLLEGE OF NURSING AND HEALTH SCIENCES CURRICULUM INCLUDES CLASSROOM TRAINING, HANDS-ON CLINICAL SIMULATION, CLINICAL OPPORTUNITIES AND COMMUNITY INTERNSHIPS STUDENTS HAVE CLINICAL OPPORTUNITIES AT MAJOR HOSPITALS AND MEDICAL FACILITIES ON OAHU, AND OPPORTUNITIES TO CONDUCT RESEARCH IN CAMPUS LABORATORIES HEALTH ISSUES FACING HAWAII AND BEYOND ARE COMPLEX AND REQUIRE UNDERSTANDING OF HEALTH POLICY ANALYSIS, EPIDEMIOLOGY, HEALTH PROMOTION AND WELLNESS, HEALTH EDUCATION AND RESEARCH THE NEED FOR SKILLED NURSES IS ACCELERATING AS THE PROPORTION OF THE POPULATION AGE 60 AND OLDER EXPANDS THE NATIONAL NURSING SHORTAGE, CURRENTLY ESTIMATED AT MORE THAN 200,000 POSITIONS, IS EXPECTED TO QUADRUPE BY 2020 THE NURSING SHORTAGE, NEED FOR ADVANCED PRACTICE NURSES, AND DIMINISHING SUPPLY OF NURSE EDUCATORS ARE JUST THREE AMONG THE MANY CHALLENGES FACING HEALTH CARE TODAY FORTUNATELY, HAWAII PACIFIC UNIVERSITY IS WELL POSITIONED TO MEET THOSE CHALLENGES THE CENTER FOR TRANSCULTURAL NURSING AT THE COLLEGE OF NURSING AND HEALTH SCIENCES FOCUSES ON THE RESEARCH, EDUCATION AND PRACTICE IN NURSING WHICH IS BASED UPON PEOPLE'S CULTURAL VALUES, BELIEFS, AND PRACTICES THE MISSION OF THE TRANSCULTURAL NURSING CENTER IS TO PROMOTE THE DELIVERY OF CULTURALLY COMPETENT NURSING CARE TO DIVERSE POPULATIONS, ENHANCE THE HEALTH CARE OF A CHANGING, MORE CULTURALLY DYNAMIC POPULATION, WITH PARTICULAR FOCUS ON REDUCING HEALTH DISPARITIES THE NEW BACHELOR OF SCIENCE IN HEALTH SCIENCE PROGRAM PROVIDES A SOLID BACKGROUND FOR STUDENTS INTERESTED IN PURSUING CAREERS IN PUBLIC HEALTH AND OTHER HEALTH RELATED FIELDS THAT REQUIRE UNDERSTANDING OF HEALTH POLICY ANALYSIS, EPIDEMIOLOGY, HEALTH PROMOTION AND WELLNESS, HEALTH EDUCATION AND RESEARCH EXTENDING ITS GLOBAL FOOTPRINT, THE COLLEGE OF NURSING AND HEALTH SCIENCES LAUNCHED ITS SECOND INTERNATIONAL NURSING CLINICAL EXPERIENCE IN MAY 2010 STUDENTS AND FACULTY TRAVELED TO JAPAN FOR AN INTENSIVE WEEK LONG PROGRAM DURING THIS EXPERIENCE, STUDENTS EXPLORED AND COMPARED HEALTH SYSTEMS INCLUDING SUCH ISSUES AS ACCESS TO CARE, HOW CULTURE ALTERS CARE PRACTICES AND ECONOMIC ISSUES STUDENTS WERE ALSO PROVIDED THE OPPORTUNITY TO MAKE SITE VISITS TO COMMUNITY HEALTH CLINICS, HOMELESS SHELTERS, AND HOSPICE AND PALLIATIVE CARE SETTINGS FACULTY AND STUDENTS ALSO PROVIDED LECTURES ON HEALTH CARE IN THE UNITED STATES THIS PROGRAM WAS SO SUCCESSFUL THAT FACULTY HAVE BEEN INVITED TO RETURN AGAIN DURING SUMMER 2011 GRADUATES HAVE THE ABILITY TO ANALYZE, ASSESS AND THINK CRITICALLY YET EXPRESS COMPASSION TO DELIVER HEALTH CARE IN A MULTICULTURAL ENVIRONMENT DEDICATED TO THE CARE OF BODY, MIND AND SPIRIT

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, QUESTION 4D	OTHER PROGRAM ACCOMPLISHMENTS COLLEGE OF NATURAL & COMPUTATIONAL SCIENCES THE COLLEGE OF NATURAL AND COMPUTATIONAL SCIENCES PROVIDES STUDENTS WITH RIGOROUS, TRADITIONAL AND HANDS ON PROGRAMS IN MARINE AND ENVIRONMENTAL SCIENCES, BIOLOGY, BIOCHEMISTRY, AND A WELL DEVELOPED PRE-MEDICAL AND HEALTH SCIENCES PROGRAM AVAILABLE TO ALL STUDENTS AT HPU REGARDLESS OF MAJOR THE PROGRAM OFFERS UNDERGRADUATE PROGRAMS IN THE NATURAL SCIENCES, COMPUTER SCIENCES AND MATHEMATICS UNDERGRADUATE NATURAL SCIENCE PROGRAMS INCLUDE B S DEGREES IN MARINE BIOLOGY, OCEANOGRAPHY, BIOLOGY AND BIOCHEMISTRY, B A AND B S DEGREES IN ENVIRONMENTAL SCIENCES, AND A PREMEDICAL STUDIES PROGRAM THE DEPARTMENT OF MATHEMATICS AND COMPUTATIONAL SCIENCES OFFERS BACHELORS OF SCIENCE DEGREES IN COMPUTER SCIENCE AND MATHEMATICS THE COLLEGE OF NATURAL AND COMPUTATIONAL SCIENCES OFFERS TWO MASTERS PROGRAMS, MASTERS OF SCIENCE IN MARINE SCIENCE AND A MASTERS OF ARTS IN GLOBAL LEADERSHIP AND SUSTAINABLE DEVELOPMENT THE PROGRAMS COMBINE CLASSROOM TEACHING, FIELDWORK AND OPPORTUNITIES FOR RESEARCH FOR BOTH UNDERGRADUATES AND GRADUATE STUDENTS RESEARCH FACILITIES INCLUDE STATE-OF-THE-ART LABORATORIES AT THE WINDWARD OAHU HAWAII LOA CAMPUS AND THE OCEANIC INSTITUTE, A RESEARCH VESSEL, THE KAHOLO (EXPENSES \$7,692,660 INCLUDING GRANTS OF \$1,512,781)(REVENUE \$9,665,104) CENTER FOR OFF-CAMPUS PROGRAMS HAWAII PACIFIC UNIVERSITY'S OFF CAMPUS PROGRAMS COURSES (IN CLASSROOM AND ONLINE) ARE AVAILABLE TO ALL MILITARY SERVICE MEMBERS, THEIR FAMILIES, VETERANS AND US GOVERNMENT CIVILIAN PERSONNEL HAWAII PACIFIC UNIVERSITY'S OFF-CAMPUS PROGRAMS WAS RENAMED FROM "MILITARY CAMPUS PROGRAMS" TO REFLECT THE GROWING DIVERSITY OF ADULTS TAKING ADVANTAGE OF THE UNIVERSITY'S HIGH QUALITY ON-LINE COURSES THE COURSES ARE TAILOR-MADE FLEXIBLE FORMATS THAT EXPAND ACADEMIC AND SCHEDULING OPPORTUNITIES TO HELP MILITARY STUDENTS STAY ON THEIR EDUCATIONAL TRACK HAWAII PACIFIC UNIVERSITY IS ASSOCIATED WITH THE NAVY COLLEGE PROGRAM DISTANCE LEARNING PARTNERSHIP AND IS A MEMBER OF THE SERVICE MEMBERS OPPORTUNITY COLLEGES CONSORTIUM THE OFF-CAMPUS PROGRAMS OFFER ASSOCIATES, BACHELORS AND MASTERS DEGREES IN NATURAL AND SOCIAL SCIENCES, MATHEMATICS, COMPUTER SCIENCES, BUSINESS AND LIBERAL ARTS IN THIS TAX YEAR, HAWAII PACIFIC UNIVERSITY RECEIVED SEVERAL AWARDS FOR ITS OFF-CAMPUS PROGRAMS THE COUNCIL OF COLLEGE AND MILITARY EDUCATORS (CCME) BOARD HAS HONORED HAWAII PACIFIC UNIVERSITY WITH THE 2010 INSTITUTION AWARD RECOGNIZING THE UNIVERSITY'S SIGNIFICANT CONTRIBUTIONS TO MILITARY EDUCATION THE UNIVERSITY WAS ALSO SELECTED BY MILITARY ADVANCED EDUCATION (MAE) MAGAZINE IN ITS GUIDE TO TOP MILITARY-FRIENDLY COLLEGES AND UNIVERSITIES HAWAII PACIFIC UNIVERSITY IS RANKED IN THE TOP 10% OF MILITARY FRIENDLY SCHOOLS BASED ON THE QUALITY OF ITS ACADEMICS AND THE ON-CAMPUS AND ONLINE SUPPORT THE PROGRAM PROVIDES TO VETERANS AND THEIR FAMILIES THE UNIVERSITY IS ONE OF MORE THAN 700 SCHOOLS ACROSS THE NATION PARTNERING WITH THE DEPARTMENT OF VETERANS AFFAIRS TO HELP VETERANS PAY FOR THEIR EDUCATION THROUGH THE POST-9/11 GIBILL "YELLOW RIBBON PROGRAM" (EXPENSES \$6,833,271 INCLUDING GRANTS OF \$1,139,486) (REVENUE \$8,585,366) STUDENT ACTIVITIES AND ATHLETICS HAWAII PACIFIC UNIVERSITY OFFERS STUDENTS INTRAMURAL AND COMPETITIVE ATHLETICS, AND MUSIC PERFORMANCE, DANCE AND THEATER PROGRAMS AMONG OTHER NON-CREDIT ACTIVITIES THE UNIVERSITY HAS SIX MEN AND SIX WOMEN NCAA DIVISION II SPORTS TEAMS AND NATIONALLY RANKED CHEER AND DANCE TEAMS THE HPU LARGE CO-ED CHEER TEAM WON EIGHT STRAIGHT NATIONAL TITLES (2003-2010) AND THE HPU SMALL CO-ED CHEER TEAM WON FOUR CONSECUTIVE NATIONAL TITLES (2005-2008) THE HPU DANCE TEAM HAS WON FIVE CONSECUTIVE CHAMPIONSHIPS, (EARNING TWO TITLES IN 2010), TOTALING SIX TITLES OVERALL (2004, 2006-2010) (EXPENSES \$7,136,564 INCLUDING GRANTS OF \$7,682,975)(REVENUE \$8,966,424)

Identifier	Return Reference	Explanation
RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES	FORM 990, PART VI, SECTION A, QUESTION 2	MICHAEL J. CHUN AND PETER HO - BUSINESS RELATIONSHIP CHARLES A. STED AND RAYMOND VARA - BUSINESS RELATIONSHIP FORM 990, PART VI, SECTION B, QUESTION 11A DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES HAS BEEN INVOLVED IN MONITORING THE STATUS OF THE PREPARATION OF THE FORM 990 THROUGHOUT THE PROCESS THE FORM 990 IS PREPARED AND REVIEWED INTERNALLY THEN THE DATA IS SENT TO AN EXTERNAL TAX ACCOUNTING FIRM THE FORM PREPARED BY OUTSIDE TAX ACCOUNTANTS IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD IN DETAIL WITH THE APPLICABLE STAFF AVAILABLE TO ANSWER QUESTIONS THE AUDIT COMMITTEE APPROVES THE FORM 990 AND FORM 990-T PRIOR TO FILING, WHICH APPROVAL WILL BE DOCUMENTED IN THE COMMITTEE MINUTES THE FORM 990 AND FORM 990-T WILL BE MADE AVAILABLE TO ALL TRUSTEES PRIOR TO FILING

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, SECTION B, QUESTION 11	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES HAS BEEN INVOLVED IN MONITORING THE STATUS OF THE PREPARATION OF THE FORM 990 THROUGHOUT THE PROCESS FORM 990 WORK-PAPERS ARE PREPARED AND REVIEWED INTERNALLY THEN SENT TO AN EXTERNAL TAX ACCOUNTING FIRM THE FORMS PREPARED BY OUTSIDE TAX ACCOUNTANTS ARE REVIEWED BY STAFF AND MANAGEMENT, THEN BY THE AUDIT COMMITTEE OF THE BOARD THE AUDIT COMMITTEE APPROVES THE FORM 990 AND FORM 990-T PRIOR TO FILING, WHICH APPROVAL WILL BE DOCUMENTED IN THE COMMITTEE MINUTES THE FORM 990 AND FORM 990-T WILL BE MADE AVAILABLE TO ALL TRUSTEES PRIOR TO FILING

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, SECTION B, QUESTION 12C	CONFLICT OF INTEREST POLICY IS SET FORTH IN THE BYLAWS AS FOLLOWS EACH TRUSTEE IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY DISCLOSING ACTUAL OR POTENTIAL CONFLICTS OF INTEREST FOR REVIEW BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES TRUSTEES WITH ANY ACTUAL OR POTENTIAL CONFLICTS MAY NOT VOTE ON MATTERS WITH WHICH THEY MAY HAVE A CONFLICT OFFICERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY AND WHENEVER APPROPRIATE, ACTUAL AND POTENTIAL CONFLICTS OF INTEREST ALL CONFLICTS ARE RESOLVED IN ACCORDANCE WITH HAWAII PACIFIC UNIVERSITY'S WRITTEN CONFLICT OF INTEREST POLICIES

Identifier	Return Reference	Explanation
RECORDS RETENTION AND DESTRUCTION POLICY	FORM 990, PART VI, SECTION B, QUESTION 14	THE UNIVERSITY DEVELOPED A WRITTEN RECORDS AND INFORMATION MANAGEMENT (RIM) POLICY IN MARCH 2010 IT WENT THROUGH ADDITIONAL LEGAL REVIEW AND AS OF THIS FILING IS IN REVISION THE UNIVERSITY HAS HIRED A RECORDS RETENTION CONSULTANT WHO IS WORKING WITH DIVISIONS TO DEVELOP RECORDS RETENTION SCHEDULES FOR EACH DEPARTMENT AND DIVISION

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, SECTION B, QUESTION 15A	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES EVALUATES THE PRESIDENT'S COMPENSATION BASED ON A SURVEY OF COMPARABLE INSTITUTIONS OBTAINED FROM AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM SPECIALIZING IN HIGHER EDUCATION A COMPENSATION SURVEY WAS COMPLETED FEBRUARY 2010 THE PRESIDENT REVIEWS COMPENSATION OF OFFICERS DESIGNATED BY HIM BASED ON THE COMPENSATION SURVEY DATA AND MAKES RECOMMENDATIONS TO THE COMPENSATION COMMITTEE FOR APPROVAL DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE COMPENSATION COMMITTEE KEY EMPLOYEE COMPENSATION IS REVIEWED BY THE APPROPRIATE VICE PRESIDENT BASED ON ANNUAL PERFORMANCE APPRAISALS AND REFERENCE TO THE COMPENSATION SURVEY DATA THE VICE PRESIDENTS RECOMMEND COMPENSATION TO THE PRESIDENT FOR APPROVAL

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, SECTION B, QUESTION 15B	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES EVALUATES AND APPROVES EXECUTIVE COMPENSATION OF THE PRESIDENT, VICE PRESIDENTS AND ASSOCIATE VICE PRESIDENTS BASED ON SURVEY DATA OF COMPARABLE INSTITUTIONS OBTAINED FROM AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM SPECIALIZING IN HIGHER EDUCATION A COMPENSATION STUDY WAS COMPLETED FEBRUARY 2010 THE PRESIDENT REVIEWS COMPENSATION OF OFFICERS DESIGNATED BY HIM BASED ON THE COMPENSATION SURVEY DATA AND MAKES RECOMMENDATIONS TO THE COMPENSATION COMMITTEE FOR APPROVAL DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE COMPENSATION COMMITTEE KEY EMPLOYEE COMPENSATION IS REVIEWED BY THE APPROPRIATE VICE PRESIDENT BASED ON ANNUAL PERFORMANCE APPRAISALS AND REFERENCE TO THE COMPENSATION SURVEY DATA THE VICE PRESIDENTS RECOMMEND COMPENSATION TO THE PRESIDENT FOR APPROVAL

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, SECTION C, QUESTION 19	HAWAII PACIFIC UNIVERSITY MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST THE CONFLICT OF INTEREST POLICY WILL ALSO BE POSTED ON THE GENERAL INTRANET SITES THE UNIVERSITY'S FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC CONSOLIDATED AUDITED FINANCIAL STATEMENTS FORM 990, PART IV, QUESTION 12 FORM 990, PART XI HAWAII PACIFIC UNIVERSITY HAS COMBINED AUDITED FINANCIAL STATEMENTS WITH OCEANIC INSTITUTE THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND REVIEW AND THE SELECTION OF THE INDEPENDENT AUDITOR

Identifier	Return Reference	Explanation
COMPLIANCE WITH REV PROC 75-50, 1975-2 C B 587	SCHEDULE E, QUESTION 3	HAWAII PACIFIC UNIVERSITY MEETS THE REQUIREMENTS OF REV PROC 75-50 PUBLICITY REQUIREMENTS BY MEETING THE 4 03(2)(B) EXCEPTION WHICH STATES "IF A SCHOOL CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS NATIONWIDE OR WORLDWIDE OR FROM A LARGE GEOGRAPHIC SECTION OR SECTIONS OF THE UNITED STATES AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS, THE PUBLICITY REQUIREMENT MAY BE SATISFIED BY COMPLYING WITH SECTION 4 02, SUPRA SUCH A SCHOOL MAY DEMONSTRATE THAT IT FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY WITHIN THE MEANING OF THE PRECEDING SENTENCE EITHER BY SHOWING THAT IT CURRENTLY ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS OR, WHEN MINORITY STUDENTS ARE NOT ENROLLED IN MEANINGFUL NUMBERS, THAT ITS PROMOTIONAL ACTIVITIES AND RECRUITING EFFORTS IN EACH GEOGRAPHIC AREA WERE REASONABLY DESIGNED TO INFORM STUDENTS OF ALL RACIAL SEGMENTS IN THE GENERAL COMMUNITIES WITHIN THE AREA OF THE AVAILABILITY OF THE SCHOOL THE QUESTION WHETHER A SCHOOL SATISFIES THE PRECEDING SENTENCE WILL BE DETERMINED ON THE BASIS OF THE FACTS AND CIRCUMSTANCES OF EACH CASE" HAWAII PACIFIC UNIVERSITY CUSTOMARILY DRAWS STUDENTS FROM HAWAII, NATIONWIDE AND GLOBALLY AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS THE UNIVERSITY CURRENTLY ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS THE RACIAL MAKEUP OF ENROLLED STUDENTS ACCORDING TO IPEDS CATEGORIES IS AS FOLLOWS AMERICAN INDIAN OR ALASKA NATIVE 1%, ASIAN/NATIVE HAWAIIAN/PACIFIC ISLANDER 22%, BLACK OR AFRICAN AMERICA 5%, HISPANIC/LATINO 13%, WHITE 28%, NON-RESIDENT/ALIENT 13% THE UNIVERSITY COMPLIED WITH ALL ASPECTS OF REV PROC 75-50, SECTIONS 4 01 THROUGH 4 05, EXCEPT FOR A PARTIAL NONCOMPLIANCE WITH SECTION 4 02 IN THIS CONNECTION, SOME OF THE BROCHURES DEALING WITH PROGRAMS DID NOT INCLUDE A NOTICE AS TO THE UNIVERSITY'S RACIALLY NONDISCRIMINATORY POLICY WHEREAS MANY OTHERS DID ALL DEPARTMENTS INVOLVED IN PRODUCING BROCHURES AND MATERIALS HAVE BEEN REMINDED TO INCLUDE THE FOLLOWING STATEMENT IN ALL MATERIALS WHERE A LONGER NOTICE DOES NOT FIT "HAWAII PACIFIC UNIVERSITY ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL AND ETHNIC ORIGIN, RELIGION, GENDER, AGE, ANCESTRY, MARITAL STATUS, SEXUAL ORIENTATION, VETERAN STATUS AND DISABILITY" THIS STATEMENT, OR THE LONGER NOTICE, WILL BE INCLUDED IN ALL BROCHURES AND CATALOGUES DEALING WITH STUDENT ADMISSIONS, PROGRAMS, AND SCHOLARSHIPS, AS WELL AS IN ALL ADVERTISING COPY