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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011				
B Check if applicable <input checked="" 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	C Name of organization HAWAII PACIFIC UNIVERSITY		D Employer identification number 99-0113930	
	Doing Business As		E Telephone number (808) 356-5228	
	Number and street (or P O box if mail is not delivered to street address) 1164 BISHOP STREET			
	Room/suite			
	City or town, state or country, and ZIP + 4 HONOLULU, HI 96813		G Gross receipts \$ 345,167,723	
	F Name and address of principal officer GEOFFREY BANNISTER 1164 BISHOP STREET SUITE 800 HONOLULU, HI 96813		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ http //www hpu edu				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1965		M State of legal domicile HI

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities HAWAI`I PACIFIC UNIVERSITY IS AN INTERNATIONAL LEARNING COMMUNITY SET IN THE RICH CULTURAL CONTEXT OF HAWAI`I 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	23	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18	
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,878	
6 Total number of volunteers (estimate if necessary)	6	178	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	52,114	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-63,873	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,623,346	3,713,845
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,380,499	94,154,381
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,468,059	9,630,368
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,207,485	2,892,669
		96,679,389	110,391,263
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,680,942	17,536,596
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	54,675,967	56,323,769
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶1,370,326		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,130,023	26,963,932
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	92,486,932	100,824,297
	19 Revenue less expenses Subtract line 18 from line 12	4,192,457	9,566,966
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	96,285,611	106,879,587
	21 Total liabilities (Part X, line 26)	17,467,819	16,996,487
	22 Net assets or fund balances Subtract line 21 from line 20	78,817,792	89,883,100

Part II	Signature Block
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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.

Sign Here	Signature of officer		2012-05-14			
			Date			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ ERNST & YOUNG US LLP					Firm's EIN ▶
	Firm's address ▶ 55 MERCHANT ST SUITE 1900 C-120 HONOLULU, HI 96813					Phone no ▶ (808) 531-2037

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 \$ 18,107,634 including grants of \$ 2,955,732) (Revenue \$ 24,215,654)

COLLEGE OF HUMANITIES & SOCIAL SCIENCES (SEE SCHEDULE O)

4b

(Code) (Expenses \$ 14,801,023 including grants of \$ 1,519,863) (Revenue \$ 19,702,363)

COLLEGE OF NURSING AND HEALTH SCIENCE (SEE SCHEDULE O)

4c

(Code) (Expenses \$ 14,550,943 including grants of \$ 1,260,192) (Revenue \$ 19,369,470)

COLLEGE OF BUSINESS ADMINISTRATION (SEE SCHEDULE O)

4d

Other program services (Describe in Schedule O)

(Expenses \$ 23,614,087 including grants of \$ 11,800,809) (Revenue \$ 31,547,959)























4e

Total program service expenses

\$ 71,073,687

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> 	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? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i> 	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i> 	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 lines 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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	Yes	
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)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div> <div>Check if Schedule O contains a response to any question in this Part V</div>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a9,791		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a1,878		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		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: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
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?		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).		7a	Yes	
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?		7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7c		No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7d		
d If "Yes," indicate the number of Forms 8282 filed during the year.				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.		9a		
a Did the organization make any taxable distributions under section 4966?		9b		
b Did the organization make a distribution to a donor, donor advisor, or related person?				
10 Section 501(c)(7) organizations. Enter		10a		
a Initiation fees and capital contributions included on Part VIII, line 12.		10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.				
11 Section 501(c)(12) organizations. Enter		11a		
a Gross income from members or shareholders.		11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b		
c Enter the amount of reserves on hand.		13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b		

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 23		
b Enter the number of voting members included in line 1a, above, who are independent	1b 18		
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 governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 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		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	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	Yes	
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 15a or 15b, describe the process in Schedule O (See instructions)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 ▶ WILLIAM KLINE 1164 BISHOP STREET STE 800 HONOLULU, HI 96813 (808) 356-5256	

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2010)

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,075,756	0	410,523

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▶50

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Yes

No

3

No

4

Yes

5

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 SVCS	1,346,858
FINANCE FACTORS CENTER PO BOX 1300 HONOLULU, HI 968071300	RENT & MGMT SVCS	1,004,710
DEG LLC 1132 BISHOP STREET STE 2305 HONOLULU, HI 96813	RENT & MGMT SVCS	996,141
NIU PIA LAND COMPANY LTD PO BOX 1300 HONOLULU, HI 968071300	RENT & MGMT SVCS	993,906
SODEXO AMERICA LLC 2465 CAMPUS ROAD 220A HONOLULU, HI 96822	FOOD SERVICE MGMT	810,025

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 ▶32

Form 990 (2010)

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		1,614			
	d Related organizations 1d					
	e Government grants (contributions) 1e		1,806,152			
	f All other contributions, gifts, grants, and similar amounts not included above 1f		1,906,079			
	g Noncash contributions included in lines 1a-1f \$		122,786			
	h Total. Add lines 1a-1f		3,713,845			
Program Service Revenue			Business Code			
	2a TUITION & FEES		611710	93,930,205	93,930,205	
	b FEES & CONTRACTS FROM GOVERNMENT AGENCIES		611710	224,176	224,176	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			94,154,381		
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)			1,965,163		1,965,163
	4 Income from investment of tax-exempt bond proceeds . .			0		
	5 Royalties			147		147
			(i) Real	(ii) Personal		
	6a Gross Rents		2,377,741			
	b Less rental expenses		1,282,388			
	c Rental income or (loss)		1,095,353			
	d Net rental income or (loss)			1,095,353		1,095,353
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		237,270,326			
	b Less cost or other basis and sales expenses		229,605,121			
	c Gain or (loss)		7,665,205			
	d Net gain or (loss)			7,665,205		7,665,205
	8a Gross income from fundraising events (not including \$ 1,614 of contributions reported on line 1c) See Part IV, line 18		a	125,248		
	b Less direct expenses b			45,568		
	c Net income or (loss) from fundraising events . .			79,680		79,680
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities . .			0		
	10a Gross sales of inventory, less returns and allowances .		a	4,525,626		
b Less cost of goods sold b			3,843,383			
c Net income or (loss) from sales of inventory . .			682,243	681,065	1,178	
Miscellaneous Revenue		Business Code				
11a PARKING FEES		900099	555,012		555,012	
b ATHLETIC		900099	131,973	46,095	85,878	
c STUDENT CLUB		900099	45,792		45,792	
d All other revenue			302,469	4,841	297,628	
e Total. Add lines 11a-11d			1,035,246			
12 Total revenue. See Instructions			110,391,263	94,835,446	52,114	11,789,858

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	17,536,596	17,536,596		
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	2,752,100	799,563	1,801,567	150,970
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	56,898	56,898		
7	Other salaries and wages	44,108,992	36,258,255	7,166,333	684,404
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,505,952	2,973,975	489,332	42,645
9	Other employee benefits	2,256,879	1,656,950	549,322	50,607
10	Payroll taxes	3,642,948	2,733,884	855,979	53,085
a	Fees for services (non-employees) Management	0			
b	Legal	469,550	56,404	413,146	
c	Accounting	299,476		299,476	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	406,523		406,523	
g	Other	3,135,146	1,053,122	1,955,091	126,933
12	Advertising and promotion	2,078,414	1,087,852	946,912	43,650
13	Office expenses	4,176,408	2,687,374	1,302,354	186,680
14	Information technology	1,382,547		1,382,547	
15	Royalties	0			
16	Occupancy	5,584,530	382,262	5,201,741	527
17	Travel	1,735,988	1,476,627	250,747	8,614
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	476,596	328,764	141,481	6,351
20	Interest	237,626	576	236,825	225
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,217,014		1,217,014	
23	Insurance	818,131	158,303	659,828	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	STUDENT RECRUITMENT	1,351,878	1,080,554	265,323	6,001
b	INSTRUCTIONAL MEDIA AUDIO VISU	340,924	340,526		398
c	ALL OTHER EXPENSES	3,253,181	405,202	2,838,743	9,236
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	100,824,297	71,073,687	28,380,284	1,370,326
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			8,094,139	2	8,906,095
	3	Pledges and grants receivable, net			563,392	3	343,183
	4	Accounts receivable, net			4,913,785	4	4,298,288
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			3,593,539	7	3,299,723
	8	Inventories for sale or use			917,154	8	866,641
	9	Prepaid expenses and deferred charges			300,101	9	788,412
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	32,919,010			
	b	Less: accumulated depreciation	10b	21,771,460	11,212,371	10c	11,147,550
	11	Investments—publicly traded securities			66,405,529	11	77,219,693
	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			285,601	15	10,002
16	Total assets. Add lines 1 through 15 (must equal line 34)			96,285,611	16	106,879,587	
Liabilities	17	Accounts payable and accrued expenses			6,716,670	17	6,989,559
	18	Grants payable			2,758,998	18	1,886,862
	19	Deferred revenue			4,261,806	19	3,413,032
	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			3,730,345	25	4,707,034
	26	Total liabilities. Add lines 17 through 25			17,467,819	26	16,996,487
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			68,067,095	27	78,456,227
	28	Temporarily restricted net assets			6,474,235	28	6,964,106
	29	Permanently restricted net assets			4,276,462	29	4,462,767
	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			78,817,792	33	89,883,100
34	Total liabilities and net assets/fund balances			96,285,611	34	106,879,587	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,391,263
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,824,297
3	Revenue less expenses Subtract line 2 from line 1	3	9,566,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	78,817,792
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,498,342
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	89,883,100

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	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	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

2010

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 described in **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)

(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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f))					14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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
James A Ajello Trustee	5 0	X						0	0	0
Steven K Baker Trustee	5 0	X						0	0	0
Vicky T Cayetano Trustee	5 0	X						0	0	0
Carleton K L Ching Trustee	5 0	X						0	0	0
Dr Michael J Chun Trustee	5 0	X						0	0	0
Joachim P Cox Trustee	5 0	X						0	0	0
Layla J L Dedrick Trustee	5 0	X						0	0	0
Christina D Doane Trustee	5 0	X						0	0	0
ADM Thomas B Fargo USN Ret Trustee	5 0	X						0	0	0
RADM Fred P Gustavson USN Ret Trustee	5 0	X						0	0	0
Conrad W Hewitt 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 S Loo 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
James C Polk Trustee	5 0	X						0	0	0
James S Romig trustee	5 0	X						0	0	0
Michele K Saito Trustee	5 0	X						0	0	0
Stephanie L Saito Trustee	5 0	X						0	0	0
Lily S Sun Trustee	5 0	X						0	0	0
Raymond P Vara Trustee	5 0	X						0	0	0

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				
Dr Allen L Zecha Trustee	5 0	X						0	0	0	
Chatt G Wright Trustee, President	40 0	X		X				452,688	0	67,980	
Janet S Kloenhamer VP & Gen'l Counsel, Secretary	5 0			X				14,012	0	0	
Kenneth T Uemura Vice President & CFO	40 0			X				285,626	0	40,699	
Dr John M Kearns VP, Academic Affairs	40 0			X				208,242	0	27,797	
Edward R Stepien VP, Administration	40 0			X				219,445	0	25,849	
Scott C Stensrud VP, Enrollment Management	40 0			X				158,090	0	17,822	
Dr Leslie H Correa VP, Institutional Research	40 0			X				154,498	0	31,450	
Claire K Cooper VP, Human Resouces	40 0			X				170,248	0	10,963	
Dr Nancy L Hedlund Assoc VP, Planning & Assessment	40 0			X				132,491	0	23,179	
Kathleen R Clark Assoc VP & Controller	40 0			X				137,266	0	15,605	
Robert E Cyboron Assoc VP, Off Campus Programs	40 0			X				128,395	0	14,652	
Margaret Ulveling Assoc VP, Inst Advancement	40 0			X				129,066	0	21,187	
Dr Randy M Caine Dean, Nursing & Health Science	40 0				X			184,144	0	28,140	
Dr Steven C Combs Dean, Humanities & Social Sci	40 0					X		146,455	0	17,300	
W Gerald Glover Affiliate Professor, Management	40 0					X		143,528	0	16,026	
Ugur Aytun Ozturk Dean, Business Administration	40 0					X		142,263	0	20,663	
Leroy O Laney Professor, Finance & Economics	40 0					X		136,068	0	15,049	
Dr Warren Wee Assoc Dean, Business Admin	40 0					X		133,231	0	16,162	

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

2010

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
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	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▶ \$ _____

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	66,019,086	60,623,110	72,395,177		
b Contributions	82,613	113,118	341,032		
c Investment earnings or losses	10,434,232	6,278,087	-11,371,521		
d Grants or scholarships					
e Other expenditures for facilities and programs	41,695	995,229	741,578		
f Administrative expenses					
g End of year balance	76,494,236	66,019,086	60,623,110		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 87 210 %

b

Permanent endowment ▶ 5 830 %

c

Term endowment ▶ 6 960 %

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

b

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

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		12,292,705	6,035,354	6,257,351
c Leasehold improvements		4,978,219	3,933,712	1,044,507
d Equipment		13,381,247	11,739,660	1,641,587
e Other		1,994,839	62,734	1,932,105
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				11,147,550

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	
3	Subtract line 2e from line 13	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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	HAWAI`I 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 HAWAI`I LOA CAMPUS WHICH WILL BE FUNDED PARTIALLY THROUGH THE ENDOWMENT FUND QUASI ENDOWMENT FUNDS ARE DEFINED AS FUNDS FOR WHICH THE UNIVERSITY, RATHER THAN THE DONOR, HAS DETERMINED THAT THE CORPUS IS TO BE RETAINED AND INVESTED EXAMPLES ARE THE BOARD OF TRUSTEES 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 HAWAI`I PACIFIC UNIVERSITY HAS PERMANENTLY RESTRICTED ENDOWMENTS WHICH ARE GIFTS AND BEQUESTS WHICH HAVE BEEN ACCEPTED WITH DONOR 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

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

2010

Open to Public Inspection

Name of the organization
HAWAII PACIFIC UNIVERSITY

Employer identification number
99-0113930

Part I		YES	NO
<div>1</div> <div>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?</div>	1	Yes	
	2	Yes	
	3	Yes	
<div>4</div> <div>Does the organization maintain the following?</div> <div>a Records indicating the racial composition of the student body, faculty, and administrative staff?</div> <div>b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</div> <div>c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</div> <div>d Copies of all material used by the organization or on its behalf to solicit contributions?</div> <div>If you answered "No" to any of the above, please explain If you need more space, use Part II</div>	4a	Yes	
	4b	Yes	
	4c	Yes	
	4d	Yes	
<div>5</div> <div>Does the organization discriminate by race in any way with respect to</div> <div>a Students' rights or privileges?</div> <div>b Admissions policies?</div> <div>c Employment of faculty or administrative staff?</div> <div>d Scholarships or other financial assistance?</div> <div>e Educational policies?</div> <div>f Use of facilities?</div> <div>g Athletic programs?</div> <div>h Other extracurricular activities?</div> <div>If you answered "Yes" to any of the above, please explain If you need more space, use Part II</div>	5a		No
	5b		No
	5c		No
	5d		No
	5e		No
	5f		No
	5g		No
	5h		No
	6a	Yes	
	6b		No
	7	Yes	

Part II Supplemental Information

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

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 WORLWIDE 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 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 AMERICAN 6%, HISPANIC/LATINO 12%, WHITE 29%, NON-RESIDENT ALIEN 13%. THE UNIVERSITY COMPLIED WITH ALL ASPECTS OF REV PROC 75-50, SECTIONS 4 01 THROUGH 4 05. SPACE PERMITTING, PRINT ADVERTISING AND BROCHURES INCLUDE THE FOLLOWING STATEMENT: "HAWAII PACIFIC UNIVERSITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION INSTITUTION THAT PROHIBITS DISCRIMINATION AGAINST, AND HARASSMENT OF, ANY PERSON ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, SEXUAL ORIENTATION, AGE, ANCESTRY, MARITAL STATUS, DISABILITY, ARREST AND COURT RECORD, OR VETERAN STATUS. SEX DISCRIMINATION INCLUDES SEXUAL HARASSMENT AND SEXUAL ASSAULT. FOR MORE INFORMATION ON HOW TO REPORT DISCRIMINATION OR HARASSMENT TO HPU, PLEASE GO TO WWW.HPU.EDU/STUDENTLIFE AND CLICK ON THE LINK TO THE STUDENT HANDBOOK." WHERE SPACE DOES NOT PERMIT THE LONG VERSION, A SHORTER VERSION IS USED: "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."
FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENT AGENCY	SCHEDULE E, QUESTION 6a	HAWAII PACIFIC UNIVERSITY PARTICIPATES IN UNITED STATES DEPARTMENT OF EDUCATION FINANCIAL AID PROGRAMS AND OTHER GOVERNMENT GRANT PROGRAMS FUNDING RESEARCH AND TEACHING.

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

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	0	12	Program Services	STUDY ABROAD	20,738
East Asia and the Pacific	0	4	Program Services	RECRUITMENT	216,173
East Asia and the Pacific	0	9	Program Services	FACULTY ONLINE COURSE	15,672
East Asia and the Pacific	0	6	Program Services	STUDY ABROAD	27,256
East Asia and the Pacific	0	1	Program Services	MATERIALS DEVELOPMENT	13,750
Europe (Including Iceland and Greenland)	0	4	Program Services	RECRUITMENT	342,112
Europe (Including Iceland and Greenland)	0	3	Program Services	FACULTY ONLINE COURSE	50,704
Europe (Including Iceland and Greenland)	0	5	Program Services	STUDY ABROAD	17,790
Middle East and North Africa	0	1	Program Services	FACULTY ONLINE COURSE	9,400
North America	0	2	Program Services	RECRUITMENT	13,224
South Asia	0	1	Program Services	RECRUITMENT	18,975
3a Sub-total	0	48			745,794
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	48			745,794

1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____

3 Enter total number of other organizations or entities ► _____

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 Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
EXPLANATION OF EXPENDITURES	SCHEDULE F, PART 1, LINE 3	"RECRUITMENT" INCLUDES TRAVEL EXPENSES FOR RECRUITERS, FEES FOR AGENTS, FEES FOR PARTICIPATING IN COLLEGE RECRUITING FAIRS AND ADVERTISING "FACULTY ONLINE COURSE" EXPENSE INCLUDES PAYMENTS TO FACULTY LIVING ABROAD WHO INSTRUCT ONLINE COURSES "STUDY ABROAD" EXPENSES INCLUDE TRAVEL AND EDUCATIONAL EXPENSES FOR STUDY ABROAD TRIPS "MATERIALS DEVELOPMENT" EXPENSES INCLUDE PROFESSIONAL FEES FOR DEVELOPMENT OF EDUCATIONAL TEACHING MATERIALS

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>CALENDARS</u>	<u>CHEER T-SHIRTS</u>	<u>3</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	34,976	30,760	33,420	99,156	
	2	Less Charitable contributions			452	452	
3	Gross income (line 1 minus line 2)	34,976	30,760	32,968	98,704		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	13,230	13,517	13,876	40,623	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					40,623
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					58,081

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 and 7 in column (d) ▶			

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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

2010

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. Part II can be duplicated if additional space is needed. ▶ ☐

1 (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 ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Various Students financial aid and scholarships	2602	17,271,366			N/A
(2) Various Faculty - Faculty Development Grant	59	75,815			N/A
(3) Various Faculty - Trustee Scholarly Endeavor	18	7,584			N/A

Part IV

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

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	Hawai`i Pacific Universitys offices of Financial Aid and Scholarships oversee Federal and University grant, scholarship, loan and work-study programs. Federal programs are administered according to the laws, rules and regulations issued by the U.S. Department of Education, the U.S. Department of Health and Human Services, or other granting agency. University scholarships and grants are administered according to the policies and procedures implemented by the Financial Aid office to support the Universitys enrollment plan. The offices award aid based on the Federal Free Application for Federal Student Aid (FAFSA) and supporting documentation to verify a students eligibility for need-based programs and scholarships where need is a criteria. In addition, students are reviewed based on academic and talent qualifications for merit-based scholarships and grants in areas such as dance, cheer, athletics, music, debate and other areas. Presidents Scholars scholarships are awarded based on merit, grade point average and recommendations. Financial Aid and the Scholarships Offices monitor the continued eligibility of students for awards. Trustees Scholarly Endeavors Program funds faculty scholarship and research grants. As a condition of the grant, faculty produce written or other work to report to the Trustees Faculty Scholarly Endeavors Committee on the results of their funded work. Faculty Development Grants fund faculty attendance at regional, national or international conferences and require the submission of receipts for all expenses. Technology enhancement grants are funded and require the submission of receipts for the funded equipment.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization HAWAII PACIFIC UNIVERSITY	Employer identification number 99-0113930
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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 <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	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?	2	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 <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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 <div><div>a Receive a severance payment or change-of-control payment from the organization or a related organization?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	No
	4b	No
	4c	No
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 <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III	5a	No
	5b	No
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 <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III	6a	No
	6b	No
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported in Form 990, Part VII, paid or 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	8	No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) 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				
(1) Chatt G Wright	(i) (ii)	438,500 0	 0	14,188 0	45,275 0	22,705 0	520,668 0	 0
(2) Kenneth T Uemura	(i) (ii)	277,398 0	 0	8,228 0	26,950 0	13,749 0	326,325 0	 0
(3) Dr John M Kearns	(i) (ii)	206,085 0	 0	2,157 0	22,947 0	4,850 0	236,039 0	 0
(4) Edward R Stepien	(i) (ii)	214,682 0	 0	4,763 0	24,121 0	1,728 0	245,294 0	 0
(5) Scott C Stensrud	(i) (ii)	148,655 0	 0	9,435 0	16,817 0	1,005 0	175,912 0	 0
(6) Dr Leslie H Correa	(i) (ii)	152,938 0	 0	1,560 0	21,156 0	10,294 0	185,948 0	 0
(7) Claire K Cooper	(i) (ii)	166,839 0	 0	3,409 0	3,276 0	7,687 0	181,211 0	 0
(8) Dr Nancy L Hedlund	(i) (ii)	132,491 0	 0	 0	15,121 0	8,058 0	155,670 0	 0
(9) Kathleen R Clark	(i) (ii)	135,346 0	 0	1,920 0	14,962 0	643 0	152,871 0	 0
(10) Margaret Ulveling	(i) (ii)	127,490 0	 0	1,576 0	14,539 0	6,648 0	150,253 0	 0
(11) Dr Randy M Caine	(i) (ii)	182,584 0	 0	1,560 0	20,883 0	7,257 0	212,284 0	 0
(12) Dr Steven C Combs	(i) (ii)	144,895 0	 0	1,560 0	15,258 0	2,042 0	163,755 0	 0
(13) W Gerald Glover	(i) (ii)	143,528 0	 0	 0	15,532 0	494 0	159,554 0	 0
(14) Ugur Aytun Ozturk	(i) (ii)	141,063 0	 0	1,200 0	15,924 0	4,739 0	162,926 0	 0
(15) Leroy O Laney	(i) (ii)	136,068 0	 0	 0	14,935 0	114 0	151,117 0	 0
(16)								

Part IIISupplemental 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	Schedule J, Part III	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 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 THREE (3) EXECUTIVES: PRESIDENT CHATT WRIGHT (PACIFIC CLUB \$3,990, OUTRIGGER CANOE CLUB \$2,378) 100% OF USE TREATED AS BUSINESS USE; VICE PRESIDENT & CFO KENNETH UEMURA (OAHU COUNTRY CLUB \$6,471) 100% OF USE TREATED AS BUSINESS USE. THE EXECUTIVES HOST UNIVERSITY EVENTS AT THE LOCATIONS AND ARE REIMBURSED FOR EXPENSES RELATED TO UNIVERSITY EVENTS IN ADDITION TO THE MONTHLY DUES. PROFESSIONAL TAX PREPARATION SERVICES WERE PAID FOR PRESIDENT CHATT WRIGHT DUE TO DISTRIBUTION ON BENEFITS ACCRUED FROM 1994 THROUGH 2008 UNDER THE EXECUTIVE BENEFIT PLAN \$2,547 - 100% TREATED AS TAXABLE INCOME. PART I, QUESTION 3 ALL EXECUTIVE OFFICER COMPENSATION, INCLUDING THE PRESIDENT'S COMPENSATION, IS APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES BASED ON COMPARABLE COMPENSATION FROM SIMILAR INSTITUTIONS, AND REASONABLENESS OF EXECUTIVES COMPENSATION ASSESSED BY AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT. APPROVAL IS DOCUMENTED IN THE MINUTES OF THE COMPENSATION COMMITTEE.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

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
(1) MICHELINE SOONG	FAMILY MEMBER OF OFFICER	60,609	COMPENSATION AS PROFESSOR		No
(2) BANK OF HAWAII	DIRS ARE TRUSTEES OF HPU	133,926	BANKING SERVICES (AGGREGATE)		No
(3) FARMERS INSURANCE HAWAII INC	DIR IS TRUSTEE OF HPU	152,323	INSURANCE SERVICES (AGGREGATE)		No
(4) FIRST HAWAIIAN BANK	FAMILY MEMBER OF TRUSTEE	934,272	BANKING SERVICES (AGGREGATE)		No
(5) PACIFIC GUARDIAN LIFE INSURANCE	FAMILY MEMBER OF TRUSTEE	110,745	INSURANCE SERVICES (AGGREGATE)		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		PART IV (1) MICHELINE SOONG IS A FAMILY MEMBER OF CURRENT OFFICER, JOHN KEARNS, VICE PRESIDENT ACADEMIC AFFAIRS MICHELINE SOONG RECEIVES COMPENSATION AS A PROFESSOR AT HAWAI`I PACIFIC UNIVERSITY (2) BANK OF HAWAII PROVIDES BANKING SERVICES TO HAWAI`I PACIFIC UNIVERSITY TRUSTEE JAMES POLK IS AN OFFICER TRUSTEE MICHAEL CHUN IS ON THE BOARD OF DIRECTORS (3) FARMERS INSURANCE HAWAII, INC PROVIDES WORKERS COMPENSATION INSURANCE TO HAWAI`I PACIFIC UNIVERSITY TRUSTEE MICHELE SAITO IS AN OFFICER (4) FIRST HAWAIIAN BANK PROVIDES BANKING SERVICES TO HAWAI`I PACIFIC UNIVERSITY A FAMILY MEMBER OF TRUSTEE CHRISTINA DOANE IS ON THE BOARD OF DIRECTORS (5) PACIFIC GUARDIAN LIFE INSURANCE COMPANY, LTD PROVIDES TEMPORARY DISABILITY INSURANCE TO HAWAI`I PACIFIC UNIVERSITY A FAMILY MEMBER OF TRUSTEE CHRISTINA DOANE IS ON THE BOARD OF DIRECTORS

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art	X	1	1,315	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		178	COST/SELLING PRICE
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	2	115,005	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 .				
25 Other ► (SEE PART II)	X	8	6,2880	
26 Other ►()				
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	
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?				Yes No
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?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
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				

Part III

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
SUPPLEMENTAL INFORMATION		PART I, LINE 2 DESCRIPTION (A) (B) (C) (D) FOOD - RECEPTION x 6 3,263 COST/SELLING PRICE PIANO x 1 3,000 FMV GIFT CARD x 1 25 COST/SELLING PRICE --- ---- - TOTAL 8 \$6,288 =====

<div> <div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> </div> <div> Department of the Treasury Internal Revenue Service </div>	<div>Supplemental Information to Form 990 or 990-EZ</div> <div> Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990 or 990-EZ. </div>	<div>OMB No 1545-0047</div>
		<div>2010</div>
		<div>Open to Public Inspection</div>
<div>Name of the organization</div> <div>HAWAII PACIFIC UNIVERSITY</div>	<div>Employer identification number</div> <div>99-0113930</div>	

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S MISSION	FORM 990, PART III, QUESTION 1	<p>HAWAI'I PACIFIC UNIVERSITY IS AN INTERNATIONAL LEARNING COMMUNITY SET IN THE RICH CULTURAL CONTEXT OF HAWAI'I. 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 PREPARE 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, HAWAI'I PACIFIC UNIVERSITY IS THE LARGEST INDEPENDENT PRIVATE UNIVERSITY IN THE STATE OF HAWAI'I. THERE ARE OVER 8,000 UNDERGRADUATE AND GRADUATE STUDENTS FROM OVER 100 COUNTIRES AND ALL 50 STATES MAKING THE UNIVERSITY ONE OF THE MOST CULTURALLY DIVERSE UNIVERSITIES IN THE WORLD. HAWAI'I 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, HAWAI'I PACIFIC UNIVERSITY DELIVERS AN OUTSTANDING LIBERAL ARTS EDUCATION THAT ANTICIPATES TODAY'S DYNAMIC WORKFORCE NEEDS AND PREPARES STUDENTS TO SUSTAIN HAWAI'I 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 HAWAI'I 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.</p>

Identifier	Return Reference	Explanation
DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, QUESTIONS 4A-4C	<p>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 A RTS PROGRAMS IN MUSIC, THEATRE, AND THE VISUAL ARTS ACCREDITED PROFESSIONS PROGRAMS IN EDUCATION AND SOCIAL WORK INCORPORATE EXTENSIVE FIELD EXPERIENCE TO PREPARE STUDENTS FOR CAREERS OF SERVICE. THE INTERNATIONAL STUDIES DEPARTMENT, WHICH INCLUDES THE BACHELOR AND MASTER DEGREES IN TEACHING ENGLISH TO SPEAKERS OF OTHER LANGUAGES, HOSTED A SUMMER INSTITUTE FOR 26 EDUCATORS FROM OTHER COUNTRIES UNDER A GRANT FROM THE DEPARTMENT OF STATE TO PREPARE MATERIALS FOR TEACHING ENGLISH INTERNATIONALLY. INTERNATIONAL STUDIES ALSO SPONSORS THE MODEL UN CLUB WHICH HAS WON AWARDS FOUR OF THE LAST FIVE YEARS AT THE NATIONAL MODEL UN CONFERENCE IN NEW YORK CITY. THE COMMUNICATION DEPARTMENT OVERSEES HAWAII PACIFIC UNIVERSITY'S AWARD-WINNING NEWSPAPER KALAMALAMA. THE MUSIC PROGRAM (BAND, CHAMBER ORCHESTRA, INTERNATIONAL CHORALE AND VOCAL ENSEMBLE) CONTINUE TO RECEIVE RECOGNITION, AND THEATRE PRODUCTIONS HAVE GARNERED FIVE 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.</p> <p>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 CONTINUED NATIONAL NURSING SHORTAGE, NEED FOR ADVANCED PRACTICE NURSES, AND DIMINISHING SUPPLY OF NURSE EDUCATORS ARE JUST THREE AMONG THE MANY CHALLENGES FACING HEALTH CARE TODAY. 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 BACHELOR OF SCIENCE IN HEALTH SCIENCE PROGRAM PROVIDES A SOLID BACKGROUND FOR STUDENTS INTERESTED IN PURSUING CAREERS IN PUBLIC HEALTH AND OTHER 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 SCIENCE LAUNCHED ITS THIRD INTERNATIONAL NURSING CLINICAL EXPERIENCE IN MAY 2011. 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 2012. 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.</p> <p>COLLEGE OF BUSINESS ADMINISTRATION HAWAII PACIFIC UNIVERSITY'S COLLEGE OF BUSINESS ADMINISTRATION OFFERS UNDERGRADUATE AND GRADUATE DEGREES WITH MAJORS IN ACCOUNTING, ECONOMICS, COMPUTER INFORMATION SYSTEMS, ENTREPRENEURIAL STUDIES, FINANCE, GENERAL BUSINESS, HUMAN RESOURCE MANAGEMENT, INTERNATIONAL BUSINESS, MANAGEMENT, MARKETING, PUBLIC ADMINISTRATION AND TRAVEL INDUSTRY MANAGEMENT. 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 HAWAII PACIFIC UNIVERSITY 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 PROGRAM, SPEAKERS FROM THE</p>

Identifier	Return Reference	Explanation
DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, QUESTIONS 4A-4C	HONOLULU BUSINESS COMMUNITY MEET WITH STUDENTS IN THE DISTINGUISHED SPEAKER SERIES STUDE NTS IN THE COLLEGE'S PROGRAMS ARE ACTIVE IN A NUMBER OF CLUBS A PARTICULARLY ACTIVE ORGAN IZATION IS SIFE (STDENTS IN FREE ENTERPRISE), WHICH HAS CONDUCTED PROJECTS THAT GIVE STUDE NTS HANDS-ON EXPERIENCE WITH THE KEY BUSINESS FUNCTIONS SUCH AS PROMOTION, MARKETING, HUMA N RESOURCE MANAGEMENT, AND FINANCING THE CLUB REGULARLY PARTICIPATES IN THE REGIONAL COMP ETITIONS, USUALLY TAKING FIRST OR SECOND PLACE GRADUATES UNDERSTAND THE GLOBAL COMPETITIV E ENVIRONMENT AND POSSESS THE NECESSARY PROFESSIONAL ATTITUDE AND SKILLS TO ACTIVELY COMPE TE ANYWHERE

Identifier	Return Reference	Explanation
DESCRIPTION OF OTHER PROGRAM SERVICES	FORM 990, PART III, QUESTION 4D	<p>CENTER FOR OFF-CAMPUS PROGRAMS HAWAII PACIFIC UNIVERSITY IS COMMITTED TO PROVIDING OUR MILITARY COMMUNITY A QUALITY EDUCATION IN A FLEXIBLE, MILITARY FRIENDLY ENVIRONMENT THE OFF-CAMPUS PROGRAMS COURSES (IN CLASSROOM AND ONLINE) ARE AVAILABLE TO ALL MILITARY SERVICE MEMBERS, THEIR FAMILIES, VETERANS AND U S GOVERNMENT CIVILIAN PERSONNEL THE COURSES ARE DESIGNED IN FLEXIBLE FORMATS THAT EXPAND ACADEMIC AND SCHEDULING OPPORTUNITIES TO HELP MILITARY STUDENTS STAY ON THEIR EDUCATIONAL PLAN THE OFF-CAMPUS PROGRAMS OFFER ASSOCIATE, BACHELOR AND MASTER DEGREES IN SEVERAL DEGREE PROGRAMS INCLUDING NATURAL AND SOCIAL SCIENCES, MATHEMATICS, COMPUTER SCIENCE, BUSINESS AND LIBERAL ARTS THE UNIVERSITY PARTNERS WITH THE DEPARTMENT OF VETERANS AFFAIRS TO HELP VETERANS PAY FOR THEIR EDUCATION THROUGH THE POST-9/11 GI BILL AND "YELLOW RIBBON SUPPLEMENT PROGRAM" HAWAII PACIFIC UNIVERSITY IS ALSO ASSOCIATED WITH THE NAVY COLLEGE PROGRAM DISTANCE LEARNING PARTNERSHIP AND IS A MEMBER OF SERVICEMEMBERS OPPORTUNITY COLLEGES CONSORTIUM HAWAII PACIFIC UNIVERSITY HAS RECEIVED SEVERAL AWARDS FOR ITS OFF-CAMPUS PROGRAMS THE COUNCIL OF COLLEGE AND MILITARY EDUCATORS (CCME) BOARD HONORED HAWAII PACIFIC UNIVERSITY WITH THE 2010 INSTITUTION AWARD RECOGNIZING THE UNIVERSITY'S SIGNIFICANT CONTRIBUTIONS TO MILITARY EDUCATION HAWAII PACIFIC UNIVERSITY IS RANKED IN THE TOP 25 OF MILITARY FRIENDLY SCHOOLS BASED ON THE QUALITY OF ITS ACADEMICS AND THE ON CAMPUS AND ONLINE SUPPORT THE PROGRAM PROVIDES TO THE MILITARY, VETERANS AND THEIR FAMILIES THE UNIVERISTY WAS ALSO SELECTED BY MILITARY ADVANCED EDUCATION (MAE) MAGAZINE IN ITS GUIDE TO TOP MILITARY FRIENDLY COLLEGES AND UNIVERSITIES (EXPENSES \$8,368,477 INCLUDING GRANTS OF \$1,374,854) (REVENUE \$11,151,920) 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, BIOCHEMISTRY, BIOLOGY, MATHEMATICS, COMPUTER SCIENCE, ENGINEERING, AND A WELL DEVELOPED PRE-MEDICAL AND HEALTH SCIENCES PROGRAM AVAILABLE TO ALL STUDENTS AT HAWAII PACIFIC UNIVERSITY 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 BIOCHEMISTRY, BIOLOGY, MARINE BIOLOGY AND OCEANOGRAPHY AND B A AND B S DEGREES IN ENVIRONMENTAL SCIENCES THE DEPARTMENT OF MATHEMATICS AND COMPUTATIONAL SCIENCES OFFERS BACHELOR OF SCIENCE DEGREES IN COMPUTER SCIENCE AND MATHEMATICS THE COLLGE OF NATURAL AND COMPUTATIONAL SCIENCES OFFERS TWO MASTER DEGREE PROGRAMS, MASTER OF SCIENCE IN MARINE SCIENCE AND MASTER OF ARTS IN GLOBAL LEADERSHIP AND SUSTAINABLE DEVELOPMENT A PRE-MEDICAL STUDIES PROGRAM PREPARES STUDENTS FOR THE MEDICAL AND HEALTH RELATED SCIENCES BY PROVIDING COURSES REQUIRED BY 99% OF ALL MEDICAL, DENTAL, AND VETERINARY SCHOOLS 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, THE OCEANIC INSTITUTE, AND RESEARCH VESSEL, THE KAHOLO (EXPENSES \$7,539,445 INCLUDING GRANTS OF \$1,645,582) (REVENUE \$10,129,261) HAWAII PACIFIC UNIVERSITY OFFERS INTERMURAL 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 WITH A TRADITION OF WINNING, THE HPU LARGE CO-ED CHEER TEAM HAS WON NINE STRAIGHT NATIONAL CHEERLEADING ASSOCIATION (NCA) DIVISION II TITLES (2003-2011) AND THE HPU SMALL CO-ED CHEER TEAM HAS WON FIVE NATIONAL NCA DIVISION II TITLES (2005-2008, 2011) THE HPU DANCE TEAM HAS WON FIVE CONSECUTIVE NATIONAL DANCE ALLIANCE DIVISION II CHAMPIONSHIPS, EARNING TWO TITLES IN 2010, TOTALING SIX TITLES OVERALL (2004, 2006-2010) (EXPENSES \$7,706,165 INCLUDING GRANTS OF \$8,780,373) (REVENUE \$10,266,778)</p>

Identifier	Return Reference	Explanation
RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES	FORM 990, PART VI, LINE 2	CHARLES A STED AND RAYMOND VARA - BUSINESS RELATIONSHIP DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11 FORM 990 AND SUPPORTING WORK-PAPERS ARE PREPARED AND REVIEWED INTERNALLY THEN SENT TO AN EXTERNAL TAX ACCOUNTING FIRM FOR REVIEW AFTER ANY PROPOSED ADJUSTMENTS, THE FORMS ARE REVIEWED BY STAFF AND MANAGEMENT, INCLUDING AN OFFICER OF THE ORGANIZATION THE FINAL FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES THE AUDIT COMMITTEE APPROVES THE FORM 990 PRIOR TO FILING, WHICH APPROVAL WILL BE DOCUMENTED IN THE COMMITTEE MINUTES THE FORM 990 WILL BE MADE AVAILABLE TO ALL TRUSTEES PRIOR TO FILING DOCUMENTED IN THE COMMITTEE MINUTES THE FORM 990 WILL BE MADE AVAILABLE TO ALL TRUSTEES PRIOR TO FILING

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	PART VI, 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
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	PART VI, QUESTIONS 15A AND 15B	<p>QUESTION 15A THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES EVALUATED THE PRESIDENT'S COMPENSATION BASED ON A SURVEY OF COMPARABLE INSTITUTIONS OBTAINED FROM AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM SPECIALIZING IN HIGHER EDUCATION THE COMPENSATION COMMITTEE REVIEWED THE ANALYSIS IN RELATION TO ITS COMPENSATION PHILOSOPHY, BOARD EXPECTATIONS AND ANY ADJUSTMENTS RECOMMENDED APPROVAL WAS DOCUMENTED IN THE MINUTES OF THE COMPENSATION COMMITTEE QUESTION 15B THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES EVALUATED AND APPROVED THE EXECUTIVE COMPENSATION OF THE PRESIDENT AND OTHER OFFICERS, INCLUDING VICE PRESIDENTS AND ASSOCIATE VICE PRESIDENTS, BASED ON COMPARABILITY DATA OBTAINED FROM AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM SPECIALIZING IN HIGHER EDUCATION THE PRESIDENT REVIEWED THE COMPENSATION OF OTHER OFFICERS BASED ON THE COMPENSATION SURVEY DATA AND MADE RECOMMENDATIONS TO THE COMPENSATION COMMITTEE FOR APPROVAL DECISIONS WERE DOCUMENTED IN THE MINUTES OF THE COMPENSATION COMMITTEE KEY EMPLOYEE COMPENSATION WAS REVIEWED BY THE APPROPRIATE VICE PRESIDENT BASED ON ANNUAL PERFORMANCE APPRAISALS AND REFERENCE TO THE COMPARABILITY DATA THE APPROPRIATE VICE PRESIDENTS RECOMMENDED COMPENSATION TO THE PRESIDENT FOR APPROVAL</p>

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	PART VI, QUESTION 19	HAWAI'I PACIFIC UNIVERSITY MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST THE UNIVERSITY'S FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
NON-VOTING MEMBERS OF THE BOARD OF TRUSTEES	FORM 990, PART VII, SECTION A	THE FOLLOWING INDIVIDUALS SERVED AS NON-VOTING MEMBERS OF THE BOARD OF TRUSTEES AND WERE NOT COMPENSATED FOR THEIR SERVICES NAME TITLE AVG HRS/WEEK MARTIN ANDERSON TRUSTEE EMERITUS 5 00 DR FRANK E BUTTERWORTH (DECEASED) TRUSTEE EMERITUS 5 00 SAMUEL A COOKE TRUSTEE EMERITUS 5 00 JEAN F CORNUELLE TRUSTEE EMERITUS 5 00 WILMER C MORRIS TRUSTEE EMERITUS 5 00 HENRY F RICE TRUSTEE EMERITUS 5 00

Identifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	NET ASSETS, BEGINNING OF YEAR \$ 78,817,792 TOTAL REVENUE 110,391,263 TOTAL EXPENSES (100,824,297) NET UNREALIZED GAINS 1,498,342 ----- NET ASSETS, END OF YEAR \$89,883,100

Identifier	Return Reference	Explanation
CONSOLIDATED AUDITED FINANCIAL STATEMENTS	FORM 990, PART XII	HAWAII PACIFIC UNIVERSITY HAS COMBINED AUDITED FINANCIAL STATEMENTS WITH OCEANIC INSTITUTE. THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR THE AUDIT AND THE REVIEW AND THE SELECTION OF THE INDEPENDENT AUDITOR