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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Hawaii Pacific University		<b>D</b> Employer identification number  99-0113930
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 1164 Bishop Street Suite 800	Room/suite	E Telephone number  (808) 544-0201
	City or town, state or country, and ZIP + 4 Honolulu, HI 96813		<b>G</b> Gross receipts \$ 127,576,747
	<b>F</b> Name and address of principal officer GEOFFREY BANNISTER 1164 BISHOP STREET SUITE 800 Honolulu, HI 96813		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		<b>J</b> Website: ▶ http://www.hpu.edu	

## Part I Summary

Activities & Governance	<b>1</b> 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		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	21
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	18
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	<b>5</b>	1,965
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	422
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	1,613,266
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	645,371	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	2,522,295	2,388,226
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	96,852,235	96,060,603
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-217,960	935,308
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,469,865	458,887
		101,626,435	99,843,024
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	16,371,635	16,893,545
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,918,602	64,664,635
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 2,052,769		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	30,535,414	29,980,481
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	109,825,651	111,538,661
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-8,199,216	-11,695,637
	Net Assets or Fund Balances		<b>Beginning of Current Year</b>
<b>20</b> Total assets (Part X, line 16) . . . . .		107,073,802	104,666,260
<b>21</b> Total liabilities (Part X, line 26) . . . . .		25,467,770	33,489,736
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		81,606,032	71,176,524

## Part II Signature Block

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.

<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div>				<div> <div>2014-04-03</div> <div>Date</div> </div>		
	<div> <div> <div></div> <div>WILLIAM H KLINE VP &amp; CFO</div> <div>Type or print name and title</div> </div> </div>						
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 76,066,799 including grants of \$ 16,893,545 ) (Revenue \$ 96,628,118 )

SEE SCHEDULE O

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d


















Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses ▶ 76,066,799

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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, line 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 through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	5,872	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	1,965	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is 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	21	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization BRUCE EDWARDS 1164 BISHOP STREET STE 800 Honolulu, HI (808) 356-5256

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

[illegible]



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								3,875,722	0	550,163

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **78**

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NORDIC PCL CONSTRUCTION INC , 1099 ALAKEA STREET STE 1560 HONOLULU HI 96813	CONSTRUCTION	2,261,515
WKF INC , P O BOX 31000 HONOLULU HI 968495484	RENT & MGMT SERVICES	1,456,794
FINANCE FACTORS LTD , P O BOX 1300 HONOLULU HI 968071300	RENT & MGMT SERVICES	1,276,061
DEG LLC , 1132 BISHOP STREET STE 2305 HONOLULU HI 96813	RENT & MGMT SERVICES	1,163,475
NIU PIA LAND COMPANY LTD , P O BOX 1300 HONOLULU HI 968071300	RENT & MGMT SERVICES	1,001,905

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 47

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e	1,361,090			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,027,136			
	g	Noncash contributions included in lines 1a-1f \$		120,250			
	h	Total. Add lines 1a-1f . . . . .			2,388,226		
Program Service Revenue	2a	Tuition & Fees	Business Code				
			611710	95,809,062	95,809,062		
	b	FEES/CONTRACTS FROM GOVERNMENT AGENCIES	611710	251,541	251,541		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			96,060,603		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		985,897			985,897
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties . . . . .		0			
	6a	Gross rents	(i) Real	(ii) Personal			
			4,083,929				
	b	Less rental expenses					
			6,679,784				
	c	Rental income or (loss)		0			
			-2,595,855				
	d	Net rental income or (loss) . . . . .			-2,595,855		-2,595,855
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			18,138,096				
	b	Less cost or other basis and sales expenses					
			18,188,685				
	c	Gain or (loss)					
			-50,589				
	d	Net gain or (loss) . . . . .			-50,589		-50,589
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .					
			a	25,168			
	b	Less direct expenses . . . .	b	27,502			
c	Net income or (loss) from fundraising events . . .			-2,334		-2,334	
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	3,407,695				
b	Less cost of goods sold . . .	b	2,837,752				
c	Net income or (loss) from sales of inventory . . .			569,943	567,520	2,423	
	Miscellaneous Revenue	Business Code					
11a	PARKING FEES	900099	1,797,644		1,406,023	391,621	
b	LEASED EMPLOYEES	900099	181,097		181,097		
c	ATHLETIC REVENUE	900099	125,600			125,600	
d	All other revenue . . . . .		382,792		23,723	359,069	
e	Total. Add lines 11a-11d . . . . .			2,487,133			
12	Total revenue. See Instructions . . . . .			99,843,024	96,628,123	1,613,266	-786,591

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☐

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 United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	16,893,545	16,893,545		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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.	2,943,169	840,676	1,781,080	321,413
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	106,334	106,334		
7	Other salaries and wages.	49,832,846	39,331,475	9,487,885	1,013,486
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,876,183	3,314,358	502,947	58,878
9	Other employee benefits.	3,891,435	1,779,601	2,065,029	46,805
10	Payroll taxes.	4,014,668	2,903,803	1,030,761	80,104
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	938,240	53,225	885,015	
c	Accounting.	226,662		226,662	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	135,002		135,002	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,998,043	1,524,912	3,233,447	239,684
12	Advertising and promotion.	1,073,851	558,807	409,282	105,762
13	Office expenses.	3,254,236	2,261,470	887,656	105,110
14	Information technology.	2,411,115		2,411,115	
15	Royalties.	0			
16	Occupancy.	6,418,462	396,282	6,015,391	6,789
17	Travel.	1,860,510	1,667,036	145,988	47,486
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	526,599	345,466	164,856	16,277
20	Interest.	522,517	584	521,752	181
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	2,237,835	1,802,727	435,108	
23	Insurance.	754,887	38,643	716,045	199
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	Student Recruitment	1,485,809	1,194,119	286,730	4,960
b	INSTRUCTIONAL MEDIA A/V	541,297	537,103	3,955	239
c	Provision Doubtful Accounts	721,473		721,473	
d	Parking Expense	459,539		459,539	
e	All other expenses	1,414,404	516,633	892,375	5,396
25	Total functional expenses. Add lines 1 through 24e.	111,538,661	76,066,799	33,419,093	2,052,769
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		4,063,553	2	1,834,369
	3	Pledges and grants receivable, net		303,928	3	283,534
	4	Accounts receivable, net		3,798,716	4	3,564,608
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		3,094,505	7	3,006,539
	8	Inventories for sale or use		574,467	8	754,490
	9	Prepaid expenses and deferred charges		1,293,676	9	659,073
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a47,914,086			
	b	Less: accumulated depreciation	10b23,991,842	24,211,369	10c	23,922,244
	11	Investments—publicly traded securities		33,655,809	11	31,008,707
	12	Investments—other securities. See Part IV, line 11.		24,854,613	12	29,060,957
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		11,219,802	14	10,567,179
	15	Other assets. See Part IV, line 11.		3,364	15	4,560
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		107,073,802	16	104,666,260
Liabilities	17	Accounts payable and accrued expenses		15,992,659	17	10,835,793
	18	Grants payable		968,029	18	0
	19	Deferred revenue		3,351,557	19	3,540,883
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	10,000,000
	24	Unsecured notes and loans payable to unrelated third parties		0	24	4,200,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		5,155,525	25	4,913,060
	26	<b>Total liabilities.</b> Add lines 17 through 25.		25,467,770	26	33,489,736
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		70,688,883	27	59,207,619
	28	Temporarily restricted net assets		6,383,749	28	7,361,642
	29	Permanently restricted net assets		4,533,400	29	4,607,263
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances</b>		81,606,032	33	71,176,524
	34	<b>Total liabilities and net assets/fund balances</b>		107,073,802	34	104,666,260

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	99,843,024
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	111,538,661
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-11,695,637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	81,606,032
5	Net unrealized gains (losses) on investments . . . . .	5	6,466,129
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-5,200,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,176,524

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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	
3b	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)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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 - Non-functionally integrated
- 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 supported organization?

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
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.** 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).

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

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 can 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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶\$ 118,350

(ii) Assets included in Form 990, Part X▶\$ 118,350

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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶\$ \_\_\_\_\_

b

Assets included in Form 990, Part X▶\$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

Using the organization's acquisition, 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

d

☐ Loan or exchange programs

b

☒ Scholarly research

e

☐ Other

c

☒ Preservation for future generations

4

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

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	55,301,634	76,494,236	66,019,086	60,623,110	72,395,177
b Contributions	67,433	109,842	82,613	113,118	341,032
c Net investment earnings, gains, and losses	7,121,307	-4,769,503	10,434,232	6,278,087	-11,371,521
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,986,413	16,532,941	41,695	995,229	741,578
g End of year balance	59,503,961	55,301,634	76,494,236	66,019,086	60,623,110

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

83 315 %

b

Permanent endowment

7 743 %

c

Temporarily restricted endowment

8 942 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

No

Yes

b

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

3b

4

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(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		23,571,421	7,803,006	15,768,415
c Leasehold improvements		6,411,511	4,452,883	1,958,628
d Equipment		14,763,710	11,633,788	3,129,922
e Other		2,895,443	102,164	2,793,279
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				23,922,244



<b>Part XI    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>				
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .			<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b>
<b>Part XII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>				
<b>1</b>	Total expenses and losses per audited financial statements . . . . .			<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b>

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

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

Identifier	Return Reference	Explanation
COLLECTIONS OF ART AND HISTORICAL TREASURES	PART III, QUESTION 4	THE PACIFIC ISLAND ART AND ARTIFACT COLLECTION CONSISTS OF APPROXIMATELY 400 CULTURALLY SIGNIFICANT PIECES. THE COLLECTION WILL BE DISPLAYED THROUGHOUT THE UNIVERSITY CAMPUSES AND WILL BE AVAILABLE FOR PUBLIC VIEWING ONCE DISPLAY LOCATIONS ARE IDENTIFIED. THE COLLECTION WILL ENRICH THE KNOWLEDGE OF MANY PACIFIC ISLAND CULTURES, HISTORIES AND CUSTOMS THROUGH THE STUDY OF THE ART AND ARTIFACTS.
USE OF ENDOWMENT FUNDS	PART V, QUESTION 4	HAWAI`I PACIFIC UNIVERSITY ENDOWMENT FUND INCLUDES QUASI, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS. THE UNIVERSITY HAS ADOPTED INVESTMENT AND DISTRIBUTION POLICIES FOR ENDOWMENT ASSETS TO SUPPORT THE CURRENT AND FUTURE OPERATIONS OF THE UNIVERSITY WITH A STREAM OF RELATIVELY PREDICTABLE, STABLE AND CONSTANT EARNINGS AND TO PRESERVE AND ENHANCE THE PURCHASING POWER OF THE ENDOWMENT ASSETS. THE PRIMARY INVESTMENT OBJECTIVE OF THE ENDOWMENT ASSETS IS TO ATTAIN AN AVERAGE ANNUAL REAL TOTAL RETURN (NET OF INVESTMENT MANAGEMENT FEES AND AFTER INFLATION) IN EXCESS OF THE SPENDING RATE OVER THE LONG TERM, DEFINED AS ROLLING THREE-YEAR PERIODS, AND TO OUTPERFORM THE MEDIAN ENDOWMENT WITHIN A UNIVERSE OF OTHER SIMILARLY-ENDOWED UNIVERSITIES. THE DISTRIBUTION POLICY FOR THE UNIVERSITY IS SET AT THE RATE OF 4.5% OF THE AVERAGE ENDING MARKET VALUES OF THE INVESTMENT PORTFOLIO FOR THE TWELVE QUARTERS.

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

2012

Open to Public  
Inspection

Name of the organization  
Hawaii Pacific University

Employer identification number

99-0113930

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3	Yes	
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
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	PART 1, QUESTION 3	HAWAI'I PACIFIC UNIVERSITY MEETS THE REQUIREMENTS OF REV PROC 75-50 PUBLICITY REQUIREMENTS BY MEETING THE 4 03 (2) (B) EXCEPTION WHICH STATES "IF A SCHOOL CUSTOMARILY DRAWS A SUBSTANTIAL PERCENTAGE OF ITS STUDENTS NATIONWIDE OR WORLDWIDE 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 PRECEEDING 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 AVILABILITY OF THE SCHOOL THE QUESTION WHETHER A SCHOOL SATISFIES THE PRECEEDING SENTENCE WILL BE DETERMINED ON THE BASIS OF THE FACTS AND CIRCUMSTANCES OF EACH CASE " HAWAI'I PACIFIC UNIVERSITY CUSTOMARILY DRAWS STUDENTS FROM HAWAI'I, NATIONWIDE AND GLOBALLY AND FOLLOWS A RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS THE UNIVERSITY CURRENTLY ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN MEANINGFUL NUMBERS THE RACIAL MAKEUP OF ENROLLED STUDENTS ACCORDING TO IPEDS CATEGORIES IS AS FOLLOWS AMERICAN INDIAN OR ALASKA NATIVE 1%, ASIAN / NATIVE HAWAIIAN / PACIFIC ISLANDER 18%, BLACK OR AFRICAN AMERICAN 5%, HISPANIC / LATINO 12%, WHITE 28%, 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 "HAWAI'I 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, 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 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 "HAWAI'I 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	PART I, QUESTION 6A	HAWAI'I 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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		59			15,996,814
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		59			15,996,814



**Part II**

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 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

**(a) Type of grant or assistance**

**(b) Region**

(c) Number of recipients

(d) Amount of cash grant

**(e) Manner of cash disbursement**

(f) Amount of non-cash assistance

**(g) Description  
of non-cash  
assistance**

**(h)** Method of valuation (book, FMV, appraisal, other)

**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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ 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

## Supplemental Information

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

[illegible]

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		0	Investments		15,284,109
Central America and the Caribbean		1	Program Services	Recruitment	24,233
Central America and the Caribbean		12	Program Services	Study Abroad	21,600

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific		3	Program Services	Recruitment	261,789
East Asia and the Pacific		36	Program Services	Study Abroad	38,942
Europe (including Iceland and Greenland)		1	Program Services	Recruitment	115,982

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)		3	Program Services	Faculty online course	96,939
Middle East and North Africa		1	Program Services	Faculty online course	7,050
South Asia		2	Program Services	Recruitment	146,170





Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			<u>CHEER CALENDAR</u>	<u>BASEBALL SHIRTS</u>	<u>2</u>	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	15,119	13,737	21,572	50,428	
2	Less Contributions	. .					
3	Gross income (line 1 minus line 2)	. . .	15,119	13,737	21,572	50,428	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .				
	7	Food and beverages	.				
	8	Entertainment	. . .				
	9	Other direct expenses	.	5,236	6,820	21,913	33,969
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(33,969)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶					16,459

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><input type="checkbox"/> Yes..... <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes..... <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes..... <input type="checkbox"/> No</div>	
	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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name  .....


Address  .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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


c If "Yes," enter name and address of the third party

Name  .....

Address  .....

16 Gaming manager information

Name  .....


Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 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 Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Hawaii Pacific University

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

2012

Open to Public  
Inspection

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

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

2

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

▶

3

Enter total number of other organizations listed in the line 1 table . . . . .

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)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 & Scholarships	2440	16,893,545			

Part IV

Supplemental Information.

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANTS	PART I, QUESTION 2	HAWAI'I PACIFIC UNIVERSITY'S 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 UNIVERSITY'S ENROLLMENT PLAN. THE OFFICES AWARD AID BASED ON THE FEDERAL FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) AND SUPPORTING DOCUMENTATION TO VERIFY A STUDENT'S 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. PRESIDENT'S 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.

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

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Name of the organization  
Hawaii Pacific University

Employer identification number  
99-0113930

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>		
	<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>		
	<div><div><input type="checkbox"/> Discretionary spending account</div><div><input 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input checked="" 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		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
BENEFITS	PART I, QUESTIONS 1A & 1B	PRESIDENT GEOFFREY BANNISTER RECEIVED A FULLY TAXABLE HOUSING ALLOWANCE (\$65,749) DURING THE TAX YEAR, THERE WAS NO WRITTEN POLICY REGARDING PAYMENT OF SOCIAL CLUB MEMBERSHIP DUES. SOCIAL CLUB DUES WERE PAID FOR THE FOLLOWING THREE (3) EXECUTIVES: PRESIDENT GEOFFREY BANNISTER (PACIFIC CLUB \$4,942, OAHU COUNTRY CLUB \$1,908) 100% OF USE TREATED AS BUSINESS USE; VICE PRESIDENT, ALUMNI & UNIVERSITY RELATIONS MARY ELLEN MCGILLAN (PACIFIC CLUB \$4,442) 100% OF USE TREATED AS BUSINESS USE; VICE PRESIDENT, GOVERNANCE AND GENERAL COUNSEL JANET KLOENHAMER (PACIFIC CLUB \$1,480) 100% OF USE TREATED AS BUSINESS USE.
METHODS USED TO ESTABLISH PRESIDENT'S COMPENSATION	PART 1, 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 EXECUTIVE COMPENSATION IS ASSESSED BY AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTANT. APPROVAL IS DOCUMENTED IN THE MINUTES OF THE COMPENSATION COMMITTEE.
PERSONS RECEIVING SEVERANCE PAY	PART 1, QUESTION 4A	KENNETH T. UEMURA, FORMER VP & CFO, RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$156,488. BENEFITS IN THE AMOUNT OF \$211 WERE PAID ON HIS BEHALF. EDWARDS R. STEPIEN, FORMER VP ADMINISTRATION, RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$103,643. BENEFITS IN THE AMOUNT OF \$338 WERE PAID ON HIS BEHALF. CLAIRE K. COOPER, VP COMMUNITY ENGAGEMENT, RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$94,405. BENEFITS IN THE AMOUNT OF \$3,050 WERE PAID ON HER BEHALF. JOHN KEARNS, VP ACADEMIC AFFAIRS, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$210,023. MARGARET ULVELING, ASSOCIATE VICE PRESIDENT, ALUMNI AND UNIVERSITY RELATIONS, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$109,379.

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

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
DR GEOFFREY BANNISTER	(i)	393,650	0	100,184	22,917	26,051	542,802	0
	(ii)	0	0	0	0	0	0	0
WILLIAM H KLINE	(i)	277,355	0	20,528	27,500	52,116	377,499	0
	(ii)	0	0	0	0	0	0	0
DR JOHN KEARNS	(i)	236,266	0	224,399	27,492	6,804	494,961	0
	(ii)	0	0	0	0	0	0	0
DR ANDREW BRITTAIN	(i)	179,839	0	19,060	22,713	46,818	268,430	0
	(ii)	0	0	0	0	0	0	0
MARY ELLEN MCGILLAN	(i)	251,035	0	9,238	27,500	32,454	320,227	0
	(ii)	0	0	0	0	0	0	0
TODD H SIMMONS	(i)	151,566	0	5,872	0	14,224	171,662	0
	(ii)	0	0	0	0	0	0	0
DARRYL G CALKINS	(i)	158,969	0	4,948	1,868	8,050	173,835	0
	(ii)	0	0	0	0	0	0	0
JANET S KLOENHAMER	(i)	247,284	0	8,935	27,500	25,370	309,089	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN R CLARK	(i)	135,833	0	25,740	17,773	878	180,224	0
	(ii)	0	0	0	0	0	0	0
DEBORAH F CROWN	(i)	220,371	0	26,040	39,010	10,283	295,704	0
	(ii)	0	0	0	0	0	0	0
STEVEN C COMBS	(i)	183,122	0	2,110	20,458	878	206,568	0
	(ii)	0	0	0	0	0	0	0
CAROLYN L LEVY	(i)	159,167	0	24,420	5,278	491	189,356	0
	(ii)	0	0	0	0	0	0	0
SCOTT C STENSRUD	(i)	163,323	0	17,358	19,875	7,892	208,448	0
	(ii)	0	0	0	0	0	0	0
LESLIE H CORREA	(i)	143,256	0	9,960	17,772	18,630	189,618	0
	(ii)	0	0	0	0	0	0	0
KENNETH T UEMURA	(i)	0	0	156,488	0	211	156,699	0
	(ii)	0	0	0	0	0	0	0
EDWARD R STEPIEN	(i)	0	0	103,643	0	338	103,981	0
	(ii)	0	0	0	0	0	0	0
CLAIRE K COOPER	(i)	116,890	0	98,873	13,391	7,628	236,782	0
	(ii)	0	0	0	0	0	0	0



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

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2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			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 assistance	(d) Type of assistance	(e) Purpose 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	See Part V	78,133	Compensation as Professor		
(2) Gustavo Martinez-Padilla	See Part V	28,858	Compensation as Instructor		
(3) Farmers Insurance Hawaii Inc	See Part V	268,686	Insurance Services (aggregate)		
(4) First Hawaiian Bank	See Part V	982,074	Banking Services (aggregate)		

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	PART IV	(1) MICHELINE SOONG IS A FAMILY MEMBER OF OFFICER JOHN KEARNS, VICE PRESIDENT ACADEMIC AFFAIRS MICHELINE SOONG RECEIVES COMPENSATION AS A PROFESSOR AT HAWAI`I PACIFIC UNIVERSITY (2) GUSTAVO MARTINEZ-PADILLA IS A FAMILY MEMBER OF OFFICER TODD SIMMONS, VICE PRESIDENT MARKETING - COMMUNICATIONS GUSTAVO MARTINEZ-PADILLA RECEIVES COMPENSATION AS AN INSTRUCTOR AT HAWAI`I PACIFIC UNIVERSITY (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

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

►Complete if the organizations 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 noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
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 . . . . .	X	1	118,350	APPRAISAL
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( PIANO ) . . . . .	X	1	1,900	FMV
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

1

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? . . . . .

30a

Yes

No

31 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?

31

Yes

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

32a

No

33 If "Yes," describe in Part II

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NUMBER OF CONTRIBUTIONS	PART I, LINE 22, COL (B)	HAWAI`I PACIFIC UNIVERSITY RECEIVED A COMPREHENSIVE COLLECTION OF PACIFIC ISLAND ART AND ARTIFACTS CONSISTING OF APPROXIMATELY 400 CULTURALLY SIGNIFICANT PIECES REPRESENTING AUSTRALIA, COOK ISLANDS, FIJI, HAWAII, MARQUESAS, NEW CALEDONIA, NEW HEBRIDES, NEW ZEALAND, PAPUA NEW GUINEA, RAPA NUI, SAMOA, SOLOMAN ISLANDS, AND TONGA

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public  
Inspection

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

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S MISSION	FORM 990, PART III, QUESTION 1	HAWAII PACIFIC UNIVERSITY IS AN INTERNATIONAL LEARNING COMMUNITY SET IN THE RICH CULTURAL CONTEXT OF HAWAII STUDENTS FROM AROUND THE WORLD JOIN US FOR AN AMERICAN EDUCATION BUILT ON A LIBERAL ARTS FOUNDATION OUR INNOVATIVE UNDERGRADUATE AND GRADUATE PROGRAMS ANTICIPATE THE CHANGING NEEDS OF THE COMMUNITY AND PREPARE OUR GRADUATES TO LIVE, WORK, AND LEARN AS ACTIVE MEMBERS OF A GLOBAL SOCIETY THE UNIVERSITY IS A CO-EDUCATIONAL AND INDEPENDENT UNIVERSITY COMPRISED OF THREE CAMPUSES ON THE ISLAND OF OAHU, THE DOWNTOWN HONOLULU CAMPUS, THE WINDWARD HAWAII LOA CAMPUS AND THE OCEANIC INSTITUTE GRADUATE AND UNDERGRADUATE PROGRAMS ARE OFFERED AT THE WINDWARD HAWAII LOA CAMPUS AND AT THE DOWNTOWN HONOLULU CAMPUS IN ADDITION TO THE THREE MAIN CAMPUSES, THE UNIVERSITY DELIVERS SELECT DEGREE PROGRAMS AT MILITARY INSTALLATIONS AROUND OAHU

Identifier	Return Reference	Explanation
DESCRIPTION OF EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, QUESTIONS 4A-4C	PROGRAM SERVICE ACTIVITY #1 THE UNIVERSITY PROVIDES HIGHER EDUCATION SERVICES TO APPROXIMATELY 7,500 STUDENTS GRANTS ARE PRIMARILY MERIT AND NEED-BASED SCHOLARSHIPS PROVIDED TO STUDENTS

Identifier	Return Reference	Explanation
DELEGATED AUTHORITY TO EXECUTIVE COMMITTEE	FORM 990, PART VI, SECTION A, QUESTION 1A	DURING INTERVALS BETWEEN MEETINGS OF THE BOARD, AND SUBJECT TO SUCH LIMITATIONS AS MAY BE REQUIRED BY LAW OR SPECIFICALLY IMPOSED BY ACTIONS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE POWERS OF THE CORPORATION AND DELEGATE TO OTHER COMMITTEES SUCH OF ITS POWERS AND DUTIES AS IT DEEMS APPROPRIATE. THE OFFICERS OF THE BOARD, WHO ARE ALSO TRUSTEES, AND THE CHAIRS OF THE STANDING COMMITTEES, CONSTITUTE THE EXECUTIVE COMMITTEE. THE CHAIR OF THE BOARD SERVES AS THE CHAIR OF THE EXECUTIVE COMMITTEE. THE SECRETARY OF THE BOARD SERVES AS THE SECRETARY OF THE EXECUTIVE COMMITTEE. DURING THE TAX YEAR, THE EXECUTIVE COMMITTEE DID NOT EXERCISE ITS AUTHORITY TO ACT ON BEHALF OF THE BOARD.

Identifier	Return Reference	Explanation
RELATIONSHIPS BETWEEN OFFICERS, DIRECTORS, TRUSTEES OR KEY EMPLOYEES	FORM 990, PART VI, SECTION A, QUESTION 2	TRUSTEES JAMES POLK AND MICHAEL CHUN HAVE A BUSINESS RELATIONSHIP



Identifier	Return Reference	Explanation
PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	FORM 990, PART VI, SECTION B, QUESTION 11B	FORM 990 SUPPORTING WORK-PAPERS ARE PREPARED AND REVIEWED INTERNALLY THEN SENT TO AN EXTERNAL TAX ACCOUNTING FIRM FOR REVIEW AND PREPARATION OF THE FORM 990 RETURNS 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 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

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

Identifier	Return Reference	Explanation
OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	FORM 990, PART VI, SECTION B, QUESTIONS 15A & 15B	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 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

Identifier	Return Reference	Explanation
PARTICIPATION IN A JOINT VENTURE OR SIMILAR ARRANGEMENT	FORM 990, PART VI, SECTION B, QUESTION 16A	IN DECEMBER 2011, HAWAII PACIFIC UNIVERSITY FORMED HAWAII DOWNTOWN HOLDINGS, LLC (HDH), A WHOLLY-OWNED, FOR-PROFIT HOLDING COMPANY, WHOSE SOLE PURPOSE WAS TO PURCHASE AN 80% INTEREST IN HAWAII LIFESTYLE RETAIL PROPERTIES, LLC (HLRP). HDH PURCHASED THE 80% INTEREST IN HLRP SHORTLY THEREAFTER. IN JANUARY 2013, HDH ACQUIRED THE REMAINING 20% OF HLRP AND SUBSEQUENTLY ASSIGNED ALL INTEREST OF HLRP DIRECTLY TO THE UNIVERSITY. HLRP IS A FOR-PROFIT ENTITY ESTABLISHED IN APRIL 2011 BY AN UNRELATED THIRD PARTY TO ACQUIRE THE LEASEHOLD INTEREST IN ALOHA TOWER MARKETPLACE (ATM). HLRP CURRENTLY ENGAGES SOLELY IN THE BUSINESS OF LEASING CERTAIN COMMERCIAL SPACE IN ATM. ATM IS A COMMERCIAL REAL PROPERTY BUILT IN 1994. HAWAII PACIFIC UNIVERSITY PLANS TO DEVELOP THE PROPERTY INTO A MIXED USE RESIDENTIAL/COMMERCIAL PROPERTY TO ACCOMMODATE STUDENT HOUSING, INSTRUCTIONAL FACILITIES AND ACADEMIC SUPPORT.

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC	FORM 990, PART VI, SECTION C, QUESTION 19	HAWAII PACIFIC UNIVERSITY MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST THE 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 SAMUEL A COOKE TRUSTEE EMERITUS 5 0 JEAN F CORNUELLE (DECEASED) TRUSTEE EMERITUS 5 0 WILMER C MORRIS TRUSTEE EMERITUS 5 0 HENRY F RICE TRUSTEE EMERITUS 5 0

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCE	FORM 990, PART XI, QUESTION 9	LRP MINORITY INTEREST PURCHASE 5,200,000 ----- TOTAL 5,200,000

Identifier	Return Reference	Explanation
CONSOLIDATED AUDITED FINANCIAL STATEMENTS	FORM 990, PART XII, QUESTION 2C	HAWAII PACIFIC UNIVERSITY HAS CONSOLIDATED AUDITED FINANCIAL STATEMENTS WITH OCEANIC INSTITUTE, HAWAII DOWNTOWN HOLDINGS, LLC AND HAWAII LIFESTYLE RETAIL PROPERTIES, LLC THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR THE AUDIT AND THE REVIEW AND SELECTION OF THE INDEPENDENT AUDITOR



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
Hawaii Pacific University

Employer identification number  
99-0113930

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HAWAII DOWNTOWN HOLDINGS LLC 1164 BISHOP STREET SUITE 1200 HONOLULU, HI 96813 46-3153445	HOLDING CO	HI	-776,869	0	HPU
(2) HAWAII LIFESTYLE RETAIL PROPERTIES LLC 1 ALOHA TOWER DRIVE STE 3000 HONOLULU, HI 96814 32-0361534	REAL ESTATE	HI	-1,738,708	17,534,646	HPU

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HAWAII LIFESTYLE RETAIL PROPERTIES LLC  1 ALOHA TOWER DRIVE STE 3000 HONOLULU, HI 96814 32-0361534	REAL ESTATE LEASE	HI	HDH	EXCLUDED FROM TAX	-1,028,810	0	Yes		302,937	Yes		80 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HAWAII DOWNTOWN HOLDINGS  1164 BISHOP STREET SUITE 1200 HONOLULU, HI 96813 46-3153445	HOLDING CO	HI	HPU	C CORP	0	0	100 000 %		

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HAWAII LIFESTYLE RETAIL PROPERTIES LLC	R	16,947,218	FMV

Schedule R (Form 990) 2012

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
RELATED ENTITIES		"HPU" = HAWAI`I PACIFIC UNIVERSITY "HDH" = HAWAII DOWNTOWN HOLDINGS, LLC "HLRP" = HAWAII LIFESTYLE RETAIL PROPERTIES, LLC "LRP" = LIFESTYLE RETAIL PROPERTIES, LLC "ATM" = ALOHA TOWER MARKETPLACE IN DECEMBER 2011, HPU FORMED HDH, A WHOLLY OWNED, FOR PROFIT HOLDING COMPANY, WHOSE SOLE PURPOSE WAS TO PURCHASE AN 80% INTEREST IN HLRP HLRP ENGAGES SOLELY IN THE BUSINESS OF LEASING CERTAIN COMMERCIAL SPACE IN ATM HPU PLANS TO DEVELOP THE PROPERTY INTO A MIXED USE RESIDENTIAL/COMMERCIAL PROPERTY TO ACCOMMODATE STUDENT HOUSING, INSTRUCTIONAL FACILITIES AND ACADEMIC SUPPORT IN JANUARY 2013, HDH ACQUIRED THE REMAINING 20% INTEREST OF HLRP FROM LRP AND SUBSEQUENTLY ASSIGNED ALL INTEREST OF HLRP DIRECTLY TO HPU EFFECTIVE MARCH 2013, HDH ELECTED TO BE TAXED AS A CORPORATION

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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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 MICHAEL J CHUN TRUSTEE, CHAIR	5 0 0 0	X						0	0	0
STEVEN K BAKER TRUSTEE, VICE CHAIR	5 0 0 0	X						0	0	0
JAMES A AJELLO TRUSTEE, TREASURER	5 0 0 0	X						0	0	0
MARTIN ANDERSON TRUSTEE	5 0 0 0	X						0	0	0
CARLETON K L CHING TRUSTEE	5 0 0 0	X						0	0	0
JOACHIM P COX TRUSTEE	5 0 0 0	X						0	0	0
LAYLA J L DEDRICK TRUSTEE	5 0 0 0	X						0	0	0
CHRISTINA D DOANE TRUSTEE	5 0 0 0	X						0	0	0
RADM FRED P GUSTAVSON USN RET TRUSTEE	5 0 0 0	X						0	0	0
CONRAD W HEWITT TRUSTEE	5 0 0 0	X						0	0	0
MICHAEL D HONG TRUSTEE	5 0 0 0	X						0	0	0
RICHARD C HUNTER TRUSTEE	5 0 0 0	X						0	0	0
JOHN A LOCKWOOD TRUSTEE	5 0 0 0	X						0	0	0
VIOLET S LOO TRUSTEE	5 0 0 0	X						0	0	0
JAMES C POLK TRUSTEE	5 0 0 0	X						0	0	0
JAMES S ROMIG TRUSTEE	5 0 0 0	X						0	0	0
MICHELE K SAITO TRUSTEE	5 0 0 0	X						0	0	0
LILY S SUN TRUSTEE	5 0 0 0	X						0	0	0
RAYMOND P VARA TRUSTEE	5 0 0 0	X						0	0	0
DR ALLEN L ZECHA TRUSTEE	5 0 0 0	X						0	0	0
DR GEOFFREY BANNISTER TRUSTEE, PRESIDENT	40 0 0 0	X		X				493,834	0	48,968
WILLIAM H KLINE VICE PRESIDENT & CFO	40 0 0 0			X				297,883	0	79,616
CECILIA MINALGA INTERIM CFO	40 0 0 0			X				0	0	0
DR JOHN KEARNS VP, ACADEMIC AFFAIRS	40 0 0 0			X				460,665	0	34,296
DR ANDREW BRITTAIN INTERIM VP, ACADEMIC AFFAIRS	40 0 0 0			X				198,899	0	69,531

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MARY ELLEN MCGILLAN VP, ALUMNI UNIVERSITY RELATION	40 0 0 0			X				260,273	0	59,954
TODD H SIMMONS VP, MARKETING-COMMUNICATIONS	40 0 0 0			X				157,438	0	14,224
DARRYL G CALKINS INTERIM VP, ENROLLMENT MGT	40 0 0 0			X				163,917	0	9,918
JANET S KLOENHAMER SEC & VP, GOV & GNL COUNSEL	40 0 0 0			X				256,219	0	52,870
KATHLEEN R CLARK ASSOC VP & CONTROLLER	40 0 0 0			X				161,573	0	18,651
DEBORAH F CROWN DEAN, BUSINESS ADMINISTRATION	40 0 0 0				X			246,411	0	49,293
STEVEN C COMBS DEAN	40 0 0 0					X		185,232	0	21,336
CAROLYN L LEVY AVP AC AFF	40 0 0 0					X		183,587	0	5,769
SCOTT C STENSRUD SPECIAL ASS'T	40 0 0 0					X		180,681	0	27,767
LESLIE H CORREA VP INSTITUTIONAL RESEARCH	40 0 0 0					X		153,216	0	36,402
CLAIRE K COOPER VP COMMUNITY ENGAGEMENT	40 0 0 0					X		215,763	0	21,019
KENNETH T UEMURA FORMER VP & CFO	0 0 0 0						X	156,488	0	211
EDWARD R STEPIEN FORMER VP ADMINISTRATION	0 0 0 0						X	103,643	0	338