1.	9	.Amend
Form	990-T	Exe
	(966)	For calendar
	eht of the Treasury Revenue Service	▶ Do not e
	heck box if ddress changed	Nam
		HAV
B Exem	pt under section	Print Nur
☐ 40		or
☐ 40	_	Type 500
= "	9(a)	HON
C Book	yalue of all assets of year	F Group
at en	177,079,088	
H De	scribe the orga	
	ring the tax year,	
	Yes," enter the	
J Th	e books are in o	care of >
Part		d Trade or
1a	Gross receipts	
b	Less returns and	allowances
2	Cost of goods	sold (Sche
3	Gross profit. S	Subtract line
4a	Capital gain ne	et income (a
b	Net gain (loss)	(Form 4797
C	Capital loss de	eduction for
5	Income (loss) fro	
6	Rent income (Schedule C
7	Unrelated deb	t-financed i
8	Interest, annuities,	
9	Investment incom	
10	Exploited exer	
11	Advertising inc	•
12	Other income (
13	Total. Combin	
Part		ns Not Tak
		s must be
14	Compensation	
15 16	Salaries and w	_
16 17	Repairs and m	iaintenance
17 18	Interest (attack	 h echodula)
	Taxes and lice	
ഗ 19 Ω20	Charitable cor	
Z-20	Unantable CO	111100110115 (

.•1				29	393(0670	321
t. 2	Amended Return - Section	on	512(a)(7)				,
	1		, .	-	ſ		
Form 990-T	Exempt Organization Busine			Returi	ゝト	OMB No 15	45-0687
	(and proxy tax under s	secti	ion 6033(e))	1860		മ∧ ₄	-
(966)	For calendar year 2017 or other tax year beginning JUL	Y1,	2017, and ending JUL	Y 30 , 20	18 .	201	1 /
Department of the Treasury	► Go to www.irs.gov/Form990T for instru	ctions	and the latest infor	mation.	05	en to Public I	
Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be	made	public if your organiza	tion is a 50	l (c)(3). 50	en to Public In 1(c)(3) Organiz	eations Only
A Check box if address changed	Name of organization (Check box if name cha	anged a	and see instructions)			er identification	
B Exempt under section	Print HAWAII PACIFIC UNIVERSITY				(Employe	ees' trust, see i	nstructions)
☑ 501(c)(3)	or Number, street, and room or suite no. If a P.O. box,	, see ins	structions			99-0113930	
408(e) 220(e)	Type 500 ALA MOANA BLVD SUITE 6420	•				d business ac ructions)	tivity codes
408A 530(a)	City or town, state or province, country, and ZIP or	toreign	postal code		04000	. ! .	-04400
529(a) C Book value of all assets at end of year	F Group exemption number (See instructions.	١ 🕨			81293	<i>U</i> : 3	531190
at end of year 177,079,088			on 501(c) tru	ust [401(a) tru	ust C	Other trus
	anization's primary unrelated business activity.				,		
	r, was the corporation a subsidiary in an affiliated grou			ontrolled g	roup?	▶ ☐ Yes	s 🗸 No
	name and identifying number of the parent corp	•	•		·		
J The books are in	care of ▶ DAVID KOSTECKI		Telepho	ne numbe	r 🕨	(808)356-	-5256
Part I Unrelate	d Trade or Business Income		(A) Income	(B) E	penses	(C)	Net
1a Gross receipt							
b Less returns and		1c	4,053	ļ			
	s sold (Schedule A, line 7)	2	3,040	 			
· ·	Subtract line 2 from line 1c	3	1,013	1		 	1,013
	et income (attach Schedule D)	4a 4b		<u> </u>	-	 -	
• •	leduction for trusts	4c		<u> </u>	-	+	
•	om partnerships and S corporations (attach statement)	5		 	- -	+ -	
6 Rent income		6		<u> </u>			
	bt-financed income (Schedule E)	7					
8 Interest, annuities	, royalties, and rents from controlled organizations (Schedule F)	8					
9 Investment incor	ne of a section 501(c)(7), (9), or (17) organization (Schedule G)	9					
•	empt activity income (Schedule I)	10				 	_
_	come (Schedule J)	11		7 mort		 	
	(See instructions; attach schedule)	12	1,807,691	ATCH		1,807	
	ne lines 3 through 12		1,808,704	ne) (Evo	ent for co		B,704
	ns must be directly connected with the unrelate			113.), (LAC	ept for co	THEIDUNOIS	۵,
	n of officers, directors, and trustees (Schedule K)		ECEIVED		. 14	T	
15 Salaries and				ပ္ကု	. 15	1	
16 Repairs and	wages	. M	AR 0 4 2020) 	. 16	137	2,047
				Š	. 17		
-	ch schedule)	00	GDEN, UT	≒ · ·	. 18		
	enses			<u>.</u> j	. 19		8,016
	ntributions (See instructions for limitation rules) .		1 1		. 20	 	
• ·	(attach Form 4562)				22b		į
•				4	. 23		}
•	to deferred compensation plans				. 24		
	nefit programs				. 25	 	\neg
	pt expenses (Schedule I)				. 26		
27 Excess reade	ership costs (Schedule J)				. 27		
	ions (attach schedule)				. 28	78	1,834
	tions. Add lines 14 through 28				28 章	1,051	1,897
	siness taxable income before net operating loss de					756	6,807
	g loss deduction (limited to the amount on line 30)					 	
	siness taxable income before specific deduction. action (Generally \$1,000, but see line 33 instructio				31 32		5,807
	usiness taxable income. Subtract line 33 from lir				· // / ——	 	1,000
			g/			1	- 1

For Paperwork Reduction Act Notice, see instructions.

755,807 Form **990-T** (2017)

Form 99	0-T (2017)							F	Page 2
Part	II Ta	ax Computation							
35		zations Taxable as Corporation			ontrolled grou	р			
	membe	rs (sections 1561 and 1563) chec	k here 🕨 📝 See instru	ctions and:		Ì			
а	Enter yo	our share of the \$50,000, \$25,000	, and \$9,925,000 taxable	income brackets (i	n that order):	ł	ł	i	ľ
	(1) S	50,000 (2) \$	25,000 (3)	680,807			ľ	ļ	1
b ´	Enter o	rganization's share of: (1) Additior							1
	(2) Add	itional 3% tax (not more than \$10	0,000)	\$			_{	ľ	1
С	Income	tax on the amount on line 34 .	· • • • • • • • •	. ATTAÇHM	ENT 4 ▶	35	c :	202,327	
36		Taxable at Trust Rates. S				n 🗀			
	the amo	ount on line 34 from: 🔲 Tax rate s	schedule or 🔲 Schedule	D (Form 1041) .	•	· 36	<u> </u>	ľ	1
37	Proxy t	ax. See instructions			•	• 3	,		
38		tive minimum tax				3	3		
39	Tax on	Non-Compliant Facility Income	. See instructions			3			
40		Add lines 37, 38 and 39 to line 35c		3	Y	5 4	,	202,327	
Part		ax and Payments							
41a	Foreign	tax credit (corporations attach Form	1118; trusts attach Form 1	1116) . 41a			7		1
b		redits (see instructions)					1		l
С		l business credit. Attach Form 380							1
d	Credit f	or prior year minimum tax (attach	Form 8801 or 8827)	41d		╗		ľ	1
е		redits. Add lines 41a through 41d				41	e		l
42		ct line 41e from line 40				4		202,327	
43		kes Check if from: 🔲 Form 4255 🔲 I			ttach schedule) .	4			
44		ax. Add lines 42 and 43		·	· u	9 4		202,327	
45a		nts: A 2016 overpayment credited			174,404	ハコ			
b					100,663	\neg		Ì	1
С	Tax dep	stimated tax payments		45c	27,000				1
d		organizations: Tax paid or withhe		- '		\neg	1		1
е	Backup	withholding (see instructions)		45e		\neg	ı		
f	Credit f	or small employer health insurance	e premiums (Attach Forn	n 8941) . 45 f					ĺ
g			orm 2439						
_	☐ Form	n 4136 🔲 O	ther	Total ▶ 45g	' i				1
46	Total p	ayments. Add lines 45a through	45g			46	<u>-</u>	302,067	
47	Estimat	ted tax penalty (see instructions).			▶4	2) 47		133	
48	Tax du	e. If line 46 is less than the total o	f lines 44 and 47, enter a	mount owed	í	▶ 48	3		
49,	Overpa	yment. If line 46 is larger than the	total of lines 44 and 47,	enter amount over	paid 9	K [₫९		99,607	
o 5ø	Enter the	e amount of line 49 you want: Credited	d to 2018 estimated tax 🕨	99,607	Refunded i	र्ट इं()		
Part	V S	tatements Regarding Certain	Activities and Other	Information (see	instructions)				
51	At any	time during the 2017 calendar yea	ar, did the organization ha	ave an interest in o	r a signature or	other	authority	Yes	No
	over a	financial account (bank, securities	s, or other) in a foreign c	ountry? If YES, the	organization r	nay ha	ive to file		
	FINCEN	I Form 114, Report of Foreign Ba	nk and Financial Accoun	its If YES, enter th	e name of the	foreig	n country	<u> </u>	
	here 🕨	·						. L_	✓
52	During t	he tax year, did the organization rece	ive a distribution from, or wa	as it the grantor of, or	transferor to, a	foreign	trust? .		✓
	If YES,	see instructions for other forms th	ne organization may have	to file.					
53	Enter th	ne amount of tax-exempt interest	received or accrued during	ng the tax year 🕨	\$				
	Under	penalties of periory. I declare that I have example to the control of the control	nined this return, including accom-	panying schedules and sta	tements, and to the	best of	my knowledç	e and bei	ief, it is
Sign	Canal c	orrect, and complete Declaration of preparer (o	other than taxpayer) is based on all	information of which prep	arer has any knowled	ige Ma	y the IRS dis	cuss this	return
Here		//	2/25/2020	SVP & CFO			h the prepare e instructions		
	Stgnat	ure of officer	Date	Title					
Paid		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN	
Prep	aror					self-em			
-		Firm's name ▶				Firm's E	IN►		
Use (Unity	Firm's address b				Dhasa			

Firm's address ▶

Phone no

5	Total. Add lines 1 through	4b	5	3,040	to the orga	anization?		
	nedule C—Rent Income (F ee instructions)	rom Re	al Propei			Leased With Real Pro	perty)	
1. De	escription of property							
(1)		<u> </u>						
(2)				<u></u>				
(3)								
(4)								
	2.	Rent receiv	red or accrue	d				
(a)	From personal property (if the percenta or personal property is more than 10% more than 50%)	age of rent but not	percentag	e of rent f	d personal property (if the or personal property exceeds is based on profit or income)	3(a) Deductions directly connected with the inc in columns 2(a) and 2(b) (attach schedule)		
(1)								
(2)								
(3)			_		_		-	
(4)								
Tota	al .		Total			(b) Total deductions.		
	Total income. Add totals of column and on page 1, Part I, line 6, column			:r ►		Enter here and on page Part 1, line 6, column (B)		
Sch	hedule E—Unrelated Debt	-Financ	ed Incon	ne (see	instructions)			
	1. Description of debt-fir	nanced pro	perty		2. Gross income from or allocable to debt-financed	debt-finance	nected with or allocable to ced property	
					property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)								
(2)_					<u></u>			
(3)							<u> </u>	
(4)								
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of of debt-fir	ge adjusted ba r allocable to lanced propel ch schedule)		6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)					%			
(2)					%			
(3)					%			
(4)					%			

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (B).

Enter here and on page 1, Part I, line 7, column (A).

Schedule F-Interest, Ann	uities, Hoyalties,			Controlled Org I Organizations	anizations (se	e instruc	uons)		
Name of controlled organization dentification number			. Net unrelated income doss) (see instructions) 4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
(1)									
(2)									
(3)							ļ		
(4)		<u> </u>			<u> </u>		<u> </u>		
Nonexempt Controlled Organiz	zations	 r					т		
7. Taxable Income	8. Net unrelated in (loss) (see instruct			tal of specified yments made	included in the o	10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)									
(2)									
(3)							<u> </u>		
(4)	<u> </u>						ļ		
					Add columns 5 Enter here and c Part I, line 8, co	n page 1,	Enter h	columns 6 and 11. ere and on page 1, line 8, column (B)	
Totals Schedule G-Investment	Incomo of a Soci						<u> </u>		
1. Description of income	2. Amount o		3. dire	Deductions city connected ach schedule)	4. Set-aside	s	5. To and s	otal deductions et-asides (col. 3 olus col. 4)	
(1)			lan	acii scriedulej			'	olus cor 4)	
(2)		•							
(3)									
(4)									
Totals	Enter here and Part I, line 9, o	column (A).		Advertising In	como (see inst		Part I, III	re and on page 1, ne 9, column (B).	
Schedule I—Exploited Ext	empt Activity inc				come (see inst	Tuctions	<u>, </u>	T	
1. Description of exploited activ	2. Gross unrelated business inco from trade of business	rne conn	Expenses directly sected with duction of nrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)						ļ			
(4)	Enter here and page 1, Part line 10, col. (i, pag	here and on e 1, Part I, I0, col (B)					Enter here and on page 1, Part II, line 26	
Totals	Incomo (ii							L	
Schedule J—Advertising I	Income (see instru Periodicals Repor		Consoli	dated Racie					
income From F	Cilouicais nepor	ted on a	COHSON	4. Advertising				7. Excess readership	
1. Name of penodical	2. Gross advertising income		Direct tising costs	gain or (loss) (col 2 minus col. 3) If a gain, compute cols 5 through 7.	5. Circulation income	6. Read	dership sts	costs (column 5, but not more than column 4)	
(1)									
(2)									
(4)					<u> </u>	 			
Totals (carry to Part II, line (5))	. ▶						F	orm 990-T (2017)	

41

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership advertising 1. Name of periodical minus column 5, but advertising costs income not more than income a gain, compute cols 5 through 7. column 4) (1) (2) (3) (4) Totals from Part i Enter here and on Enter here and on Enter here and on page 1, Part II, line 27. page 1, Part I, page 1, Part I, line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to business unrelated business (1) % (2) % (3) % % Total. Enter here and on page 1, Part II, line 14 ightharpoons

Form 990-T (2017)

HAWAII PACIFIC UNIVERSITY

ATTACHMENT 1

LINE H

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

PUBLIC PARKING, EVENT SPACE RENTAL, EXCLUSIVE CONTRACTS, AND RETAIL SALES

ATTACHMENT 2

PART I, LINE 12 OTHER INCOME

PUBLIC PARKING INCOME	1,674,422
EVENT SPACE RENTAL INCOME	104,469
EXCLUSIVE CONTRACT INCOME	28,800

TOTAL OTHER INCOME 1,807,691

ATTACHMENT 3

PART II, LINE 28
OTHER DEDUCTIONS

PURCHASED SERVICES - PARKING EXPENSE	504,935
RENT EXPENSE	170,383
GROUND RENT	101,498
PROMO & PR	5,018

TOTAL OTHER DEDUCTIONS 781,834

ATTACHMENT 4

PART III, LINE 35C INCOME TAX

WORKSHEET - FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

LINE 1	UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34)	755,807
LINE 2	TAX ON LINE 1 FIGURED USING THE TAX COMPUTATION WORKSHEET	
	FOR MEMBERS OF A CONTROLLED GROUP	245,224
LINE 3	TAX ON LINE 1 FIGURED USING THE 21% RATE	158,719
LINE 4	MULTIPLY LINE 2 BY THE NUMBER OF DAYS (184)	
	IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	45,121,216
LINE 5	MULTIPLY LINE 3 BY THE NUMBER OF DAYS (181)	
	IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	28,728,139
LINE 6	DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS (365)	
	IN THE CORPORATION'S TAX YEAR	123,620
LINE 7	DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS (365)	
	IN THE CORPORATION'S TAX YEAR	78,707
LINE 8	ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	202,327