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DLN: 93493127000000

# Form **990**

# **Return of Organization Exempt From Income Tax**

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

2008

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

<b>B</b> Chec	the 2				_				
_			r, or tax year beginning 07-01-2008 C Name of organization	and ending 06-30-200	9	D Employer ide	entification number		
Addr	ck if ap ess cha	· icusc	CHAMINADE UNIVERSITY OF HONOLULU			99-027226	.1		
_	e chan	label or	Doing Business As			E Telephone nu			
_		type. See				(808) 735-4711			
_	il returi nination	Instruc-	Number and street (or P O box if mail is i 3140 WAIALAE AVENUE	not delivered to street addre	ess) Room/suite	G Gross receip			
- Ame	nded r	eturn	City or town, state or country, and ZIP +	4		1			
– Appli	ıcatıon	pending	HONOLULU, HI 96816						
		F Nar	ne and address of Principal Officer		H(a) Is the	s a group return	for		
		вко в	ERNARD J PLOEGER		affilia		⊤Yes ▼ No		
			VAIALAE AVENUE LULU, HI 96816						
Tax-	-exem	<u> </u>	) ( 3 ) <b>◄</b> (insert no )	527	` '	l affiliates include	•		
		<u> </u>				p Exemption Nu	See instructions)		
we	D SITE	∷ ► WWW CHAMI	NADE EDO		11(0)	p Exemperon ita	The state of the s		
Туре	of orga	anization 🔽 Corpora	ion trust association other 🕨		<b>L</b> Year of Fo	rmation 1957 <b>M</b>	State of legal domicile HI		
Par		Summary							
	1	Briefly describe th	e organization's mission or most sign	ificant activities					
: I		CHAMINADE UN	(VERSITY OFFERS ITS STUDENTS A	AN EDUCATION IN A	COLLABORA	TIVE LEARNIN	IG ENVIRONMENT		
<u>:</u>									
	2	Check this box	ıf the organizatıon discontinued its o	perations or disposed o	of more than 2	5% of its asset	s		
	3	Number of voting	nembers of the governing body (Part	VI, lıne 1a)		3 _	41		
.	4	Number of indeper	ndent voting members of the governin	g body (Part VI, line 11	o)	. 4 _	39		
	5	Total number of er	nployees (Part V , line 2a)			5 _	895		
	6	Total number of vo	olunteers (estimate if necessary) .			6 _	7		
	7a	Total gross unrela	ted busıness revenue from Part VIII,	line 12, column (C)		7a _	0		
	b	Net unrelated bus	iness taxable income from Form 990-	T, line 34		7b	0		
					Pric	or Year	Current Year		
	8	Contributions an	d grants (Part VIII, line 1h)		15,249,573	12,112,494			
Haverille	9	Program service	revenue (Part VIII, line 2g)	29,184,310	29,531,831				
3	10	Investment inco	me (Part VIII, column (A), lınes 3, 4,		914,034	-620,46:			
=	11	Other revenue (P	art VIII, column (A), lines 5, 6d, 8c,		520,244	424,384			
	12		dd lines 8 through 11 (must equal Pa	rt VIII, column (A), lın	e	45,868,161	41,448,248		
$\rightarrow$	13	Grants and similar	ar amounts paid (Part IX, column (A),	lungs 1 – 2\		7,951,859	8,536,082		
	14		or for members (Part IX, column (A), I			7,931,839	3,550,082		
	15	•	ompensation, employee benefits (Part	•	5_				
\$	15	10)	impensation, employee benefits (Fait	. IX, Column (A), mies :	<sup>3</sup> -				
앤 I						19,949,252	19,119,296		
쥺 丨	16a	Professional fund	raising fees (Part IX, column (A), line	: 11e)		19,949,252			
<u>≅</u>	16a b					19,949,252			
		(Total fundraising ex	penses, Part IX, column (D), line 25 $\frac{1,012,87}{1}$	1)			(		
	b	(Total fundraising ex Other expenses	penses, Part IX, column (D), line 25 <u>1,012,87</u> (Part IX, column (A), lines 11a-11d,	1 11f-24f)		10,583,018	13,002,012		
	b 17	(Total fundraising ex Other expenses Total expenses—	penses, Part IX, column (D), line 25 $\frac{1,012,87}{1}$	1 11f-24f)			19,119,296 13,002,012 40,657,390 790,858		
	b 17 18	(Total fundraising ex Other expenses Total expenses—	penses, Part IX, column (D), line 25 <u>1,012,87</u> (Part IX, column (A), lines 11a-11d, add lines 13-17 (must equal Part IX	1 11f-24f)	Beginni	10,583,018	13,002,012 40,657,390		
	b 17 18 19	(Total fundraising ex Other expenses Total expenses— Revenue less ex	penses, Part IX, column (D), line 25 $\frac{1,012,87}{1,012,87}$ (Part IX, column (A), lines $11a-11d$ , add lines $13-17$ (must equal Part IX penses Subtract line $18$ from line $12$	1 11f-24f)	Beginni	10,583,018 38,484,129 7,384,032 ing of Year	13,002,012 40,657,390 790,858 End of Year		
#GE	b 17 18 19	(Total fundraising ex Other expenses Total expenses— Revenue less ex Total assets (Pa	penses, Part IX, column (D), line 25 1,012,87 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 ort X, line 16)	1 11f-24f)	Beginni	10,583,018 38,484,129 7,384,032 ing of Year 59,866,399	13,002,012 40,657,390 790,858 End of Year 64,083,630		
	b 17 18 19 20 21	(Total fundraising ex Other expenses Total expenses— Revenue less ex Total assets (Pa	penses, Part IX, column (D), line 25 1,012,87 (Part IX, column (A), lines 11a-11d, add lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 ort X, line 16)	1 11f-24f) , line 25, column (A))	Beginni	10,583,018 38,484,129 7,384,032 ing of Year 59,866,399 20,127,992	13,002,012 40,657,390 790,858 End of Year 64,083,630 24,087,767		
Fund Balances	b 17 18 19 20 21	(Total fundraising ex Other expenses— Total expenses— Revenue less ex Total assets (Pa Total liabilities (I	penses, Part IX, column (D), line 25 1,012,87 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 ort X, line 16)  Part X, line 26)  and balances Subtract line 21 from line	1 11f-24f) , line 25, column (A))	Beginni	10,583,018 38,484,129 7,384,032 ing of Year 59,866,399	13,002,012 40,657,390 790,858 End of Year 64,083,630		
Fund Balances	b 17 18 19 20 21	(Total fundraising ex Other expenses— Total expenses— Revenue less ex Total assets (Pa Total liabilities (I Net assets or fur Signature Bl	penses, Part IX, column (D), line 25 1,012,87 (Part IX, column (A), lines 11a-11d, radd lines 13-17 (must equal Part IX penses Subtract line 18 from line 12 ort X, line 16)  Part X, line 26)  Indicate the subtract line 21 from lines to the subtract lines are subtract lines 21 from lines to the subtract lines 21 from lines 21	1 11f-24f) 1, line 25, column (A))		10,583,018 38,484,129 7,384,032 ing of Year 59,866,399 20,127,992 39,738,407	13,002,012 40,657,390 790,858 End of Year 64,083,630 24,087,767 39,995,863		
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# Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
See A	ddıtıonal Data Table				
2	Did the organization undertake any sig	anıfıcant program se	ervices 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 services?	g or make significan	t changes in how it cond	ducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1)	trusts are required to re	port the amount of grants	
4a	(Code ) (Expenses \$ CHAMINADE OFFERS AN EDUCATION IN A CO GUIDED BY IT'S CATHOLIC, MARIANIST AND I UNIVERSITIES, CHAMINADE PROVIDES 2700	IBERAL ARTS EDUCATIO	NAL TRADITIONS AND ACCR	EDITED BY THE WESTERN ASSOC	IATION OF COLLEGES AND
4b	(Code ) (Expenses \$ AUXILIARY ENTERPRISES AT CHAMINADE INC COURTYARD PATIO, AND BROTHERS' BREW ( INVITATIONAL BASKETBALL TOURNAMENT, S	CLUDE A 400 STUDENT F COFFEE SHOP, NCAA PA	CIFIC WEST CONFERENCE D	DIVISION II ATHLETIC PROGRAM A	2,591,740 ) HE SILVERSWORD CAFE, NUALLY HOSTING THE MAUI
4c	(Code ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services (Describe ii	n Schedule O N			
	(Expenses \$	including grants o	f \$	) (Revenue \$	)
4e	Total program service expenses \$	33.895.13	7 Must equal Part IX.	Line 25. column (B).	

Part IV	Chec	klist o	f Reauire	d S	chedule	5

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as 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 U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
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, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

# Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV			
	20	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Part VI **			

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 3,366			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		N o
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 50		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the			
	year?	8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	<u>. Governing</u>	Body and Ma	anagement	

			Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $processes$ , or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 41							
Ь	Enter the number of voting members that are independent 1b 39							
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?							
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		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo				
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or 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	11		Νο				

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ✓ own website ✓ another's website ✓ upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

AULANI KAANOI 3140 WAIALAE AVENUE HONOLULU, HI 96816 (808) 735-4711

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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

The check this box in the organization and i	·	<b>(C)</b> Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

# Part VII Continued

		<b>(C)</b> Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
			1							
		<u> </u>		$\vdash$			$\vdash$			
			+				$\vdash$			
1b Total			<del>.</del>				<b>-</b>	1,025,719	) (	109,404

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►7

			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		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
S M SAKAMOTO INC 96-1385 WAIHONA ST PEARL CITY, HI 96782	CONTRACTOR	3,682,530
CREATIVE BUILDING CONCEPTS LLC 419 KAIPIHA ST KAILUA, HI 96734	CONTRACTOR	2,551,627
USHIJIMA ARCHITECTS INC 1110 UNIVERSITY AVE SUITE 302 HONOLULU, HI 96826	ARCHITECT	449,434
CORREA CONSTRUCTION PO BOX 188 WAIMANALO, HI 96795	CONTRACTOR	414,843
WACKENHUT PO BOX 277469 ATLANTA, GA 30384	SECURITY	361,352
2 Total number of independent contractors (including those in 1) who rec		<b>-</b> 14

# Statement of Revenue

				<b>(A)</b> Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns	1a		Revenue		512, 513, or 514
<b>\$</b> \$	b	Membership dues					
Contributions, gifts, grants and other similar amounts		Membership dues	1b				
βğ	С	Fundraising events					
£ ≝	d	Related organizations	1c				
<u>5</u> ∰		Government grants (contributions)	1e 5,359,966				
Contributions, and other sim	e						
美声	f	All other contributions, gifts, grants, similar amounts not included above					
金き			1f				
돌	g	Noncash contributions includ	ed in 7,445				
ਨ ਕ	h	Ines 1a-1f \$		12,112,494			
			▶				
92			Business Code				
120	2a	TUITION AND FEES	900,004	26,940,091	26,940,091		
£9.	Ь	AUXILIARY REVENUE	900,004	2,591,740	2,591,740		
θ	С						
¥.	d						
33	e	-					
E	f	All other program coruce rou	anua				
Program Serwoe Revenue	•	All other program service rev	enue				
Ğ	g	Total. Add lines 2a-2f					
		<b>&gt;</b> \$ 29,531,831					
	3	Investment income (including	·	195,532			195,532
		other similar amounts)		195,532			195,532
	4	Income from investment of tax-exe	mpt bond proceeds				
	_	D 11	▶				1
	5	Royalties					
	_	(ı) Real	(II) Personal				
	6a	Cross Kants	2,853				
	ь	expenses	1,655				
	С	Rental income -9 or (loss)	9,303				
	d	Net rental income or (loss)		-9,303			-9,303
		(i) Securities					
	7a	Gross amount 2,261 from sales of	1,308				
		assets other than inventory					
	ь	Less cost or 3,077	7,301				
		other basis and sales expenses					
	С		5,993				
	d	Net gain or (loss)	<b>I</b>	-815,993			-815,993
		<u> </u>					
	8a	Gross income from fundraisin	g				
		events (not including \$\$					
÷		of contributions reported on I	ine				
<u>ক</u>		1c) See Part IV, line 18	nde				
ě		Attach Schedule G if total excees \$15,000	_				
<u>.</u>	h		03,017				
Other Revenue	Ь	Less direct expenses Net income or (loss) from fun		-15,638			-15,638
ō	С	wet income or (loss) from fun	uraising events .	15,056			15,036
	9a	Gross income from gaming		T	T		
		activities See part IV, line 1 Complete Schedule G if total	9				
		exceeds \$15,000					
			а				
	ь	Less direct expenses	.b				
	С	Net income or (loss) from gar					
	10-	Construction of the contract o					
	10a	Gross sales of inventory, less returns and allowances.	5				
			a 1,331,199				
	ь	Less cost of goods sold .	1,551,177				
	c	Net income or (loss) from sal		206,345			206,345
		Miscellaneous Revenue	Business Code	, -			,
	11a		900,099	242,980	242,980		
		OTHER INCOME		212,300	212,300		
	Ь						
	С						
	d	All other revenue				· · · · · ·	
	e	Total. Add lines 11a-11d .					
			\$ 242,980				
	12	Total Revenue. Add lines 1h,	2g, 3, <mark>4, 5, 6d, 7d,</mark>	41,448,248	29,774,811		-439,057
		8c, 9c, 10c, and 11e					
	J	oc, roc, and rie					Form <b>990</b> (2008)

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,536,082	8,536,082					
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	365,410		365,410				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	15,240,497	13,256,994		469,047			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	509,946	433,192	61,427	15,327			
9	Other employee benefits	1,907,804	1,620,653	229,811	57,340			
10	Payroll taxes	1,095,639	930,730	131,979	32,930			
11	Fees for services (non-employees)							
а	Management							
ь	Legal	2,632		2,632				
С	Accounting	284,068	52,014	232,054				
d	Lobbying							
e	Professional fundraising See Part IV, line 17				_			
f	Investment management fees							
g	Other	270,807		262,807	8,000			
12	Advertising and promotion	544,706	412,445	65,519	66,742			
13	Office expenses	2,641,166	1,580,959	938,189	122,018			
14	Information technology	517,853	323,476	194,377				
15	Royalties				_			
16	Occupancy	1,448,830	1,084,059	347,177	17,594			
17	Travel	568,852	531,970	28,901	7,981			
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings	37,703		37,703				
20	Interest	607,195		607,195				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	2,591,480	2,262,654	301,602	27,224			
23	Insurance	365,660	334,826	27,408	3,426			
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )							
а	ACADEMIC SUPPORT	322,941	322,941					
ь	BAD DEBT	262,725	262,725					
c	MAINTENANCE	237,627	216,202	21,425	_			
d	FACILITIES & EQUIPMENT	217,304	217,304					
e	PRO FESSIO NAL DEVELO PMEN	151,394	110,479	35,519	5,396			
f	All other expenses	1,929,069	1,405,432	343,791	179,846			
25	Total functional expenses. Add lines 1 through 24f	40,657,390	33,895,137	5,749,382	1,012,871			
26	Joint Costs. Check   If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,,	,,	,,			

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			548,081	1	418,409
	2	Savings and temporary cash investments		947,044	2	1,159,836	
	3	Pledges and grants receivable, net			7,911,253	3	9,521,438
	4	Accounts receivable, net			1,075,622	4	1,298,563
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So				6	
	7	Notes and loans receivable, net		648,717	7	642,453	
	8	Inventories for sale or use			614,005	8	669,231
20	9	Prepaid expenses and deferred charges			851,429	9	738,273
Assets	10a	Land, buildings, and equipment cost basis	10a	63,600,503			
•	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	23,653,273	1	10c	39,947,230
	11	Investments—publicly traded securities			10,146,179		8,566,635
	12	Investments—other securities See Part IV, line 11 Complete Par Schedule D	t VII	of	,	12	2,000,000
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	rt VII	I		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		1,328,487	15	1,121,562	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			59,866,399	16	64,083,630
	17	Accounts payable and accrued expenses .	3,993,859	17	4,121,275		
	18	Grants payable				18	
	19	Deferred revenue			1,686,640	19	1,666,583
	20	Tax-exempt bond liabilities			9,806,602	20	9,683,274
ēŠ	21	Escrow account liability				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties			3,323,790	23	7,132,505
	24	Unsecured notes and loans payable			24		
	25	Other liabilities Complete Part X of Schedule D	1,317,101	25	1,484,130		
	26	Total liabilities. Add lines 17 through 25			20,127,992	26	24,087,767
s e s		Organizations that follow SFAS 117, check here ► ↓ and complet through 29, and lines 33 and 34.	ete li	nes 27			
Balance	27	Unrestricted net assets			20,711,435	27	21,757,359
Ва	28	Temporarily restricted net assets	12,315,358	28	10,883,576		
뒫	29	Permanently restricted net assets			6,711,614	29	7,354,928
or Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	plete				
ر ا	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fun			32		
Ŋĕţ	33	Total net assets or fund balances			39,738,407	33	39,995,863
_	34	Total liabilities and net assets/fund balances			59,866,399	34	64,083,630
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

OMB No 1545-0047

# **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organizati						Em	ployer ide	ent if icat io	n num	ber	
СПАМ	INADE	JNIVERSITY OF	HONOLOLO					99	-027226	1			
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo						
The	organi			ation because it is (Please						•			
1	Γ	A church, d	onvention of cl	nurches, or association of ch	nurches de	escribed ii	n Section :	170(b)(1)	(A)(i).				
2	<u>~</u>	A school d	escribed in <b>Sec</b>	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E )							
3	Γ	A hospital	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)										
4	Γ	A medical	research organ	ızatıon operated ın conjunctı	ion with a	hospital d	escribed i	n <b>Section</b>	170(b)(1)	(A)(iii). E	nter t	he	
		hospital's i	name, city, and	state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		Section 17	0(b)(1)(A)(iv).	(Complete Part II )									
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt desci	rıbed ın <b>S</b> e	ection 170	(b)(1)(A)	(v).				
7	Γ	An organiz	atıon that norm	ally receives a substantial p	art of its :	support fr	om a gove	rnmental ι	ınıt or fror	n the gene	ral pu	ıblıc	
		describedi	n Section 170(I	b)(1)(A)(vi) (Complete Par	tII)								
8		A commun	ıty trust descrıl	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Con	nplete Par	tII)						
9	Γ	An organiz	atıon that norm	ally receives (1) more than	331/3% 0	of its supp	ort from c	ontributior	ns, membe	ership fees	, and	gros	s
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certai	n exceptio	ns, and (2	) no more	than 331/	'3% of		
			•	estment income and unrelate			•			x) from bu	siness	ses	
	_	acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )											
10	<u> </u>			and operated exclusively to									
11	ı	one or mor	e publicly support of describes the	and operated exclusively fo orted organizations describe type of supporting organiza Type II <b>c</b>	ed in secti Ition and c	on 509(a) omplete l	(1) or sec	tion 509(a hrough 11	a)(2) See		09(a)	(3).	Check
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			•			•			
f g		If the orgai	nization receive box	d a written determination from						supportin	ng orga	anıza	ation,
3		following pe			, 3			,					
		(i) a perso	n who directly o	or indirectly controls, either	alone or to	ogether wi	th persons	describe	d ın (ıı)		Y	es	No
		• •	, <del>-</del>	ing body of the the supporte	-	ition?				11g(			
				erson described in (i) above						11g(	_		
		. ,		ity of a person described in (	., .,					11g(	iii)		
h		Provide the	following infor	mation about the organization	ons the or	ganızatıon	supports						
Supp		ame of (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))		9 organization in the organized col (i) listed in in col (i) o		ınızatıon	otion organization in your col (i) organized		(vii) A mount o support?				
				, "		ment?							
					Yes	No	Yes	No	Yes	No			

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
·	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	<b>(f)</b> Total
9	A mounts 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 30 June, 1975						
С	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						
12	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 fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						▶□
	mputation of Public Support Perc					<del></del>	
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (			-	))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 99-0272261

Name: CHAMINADE UNIVERSITY OF HONOLULU

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C non ( hat a	chec		l			(5)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Отпоен	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Bro Stephen Glodek , CHANCELLOR/EX OFFICIO	30	Х						0	0	0
Adm RJ Zlatoper , CHAIR/REGENT	30	Χ						0	0	0
Gary E Liebl , Chair Emeritus/REGENT	30	Х						0	0	0
Daniel L Colin , First Vice Chair/REGENT	30	Х						0	0	0
Jean Rolles , Secretary	30	Х						0	0	0
DAVID AKINA , REGENT	30	Χ						0	0	0
KAREN E ANDERSON , REGENT	30	Х						0	0	0
PETER K APO , REGENT	30	Χ						0	0	0
Gae Bergquist Trommald , REGENT	30	Χ						0	0	0
CAROLYN BERRY , REGENT	30	Χ						0	0	0
RICK BLANGIARDI , REGENT	30	Χ						0	0	0
John C Brogan , REGENT	30	Χ						0	0	0
Bro William J Campbell , REGENT	30	Х						0	0	0
Charles L Cotrell , REGENT	30	Χ						0	0	0
NICOLE M DUPONT , REGENT	30	Χ						0	0	0
Bennette M Evangelista , REGENT	30	Χ						0	0	0
Daniel D Goo , REGENT	30	Х						0	0	0
Carmen Himenes , REGENT	30	Х						0	0	0
Stanley W Hong , REGENT	30	Х						0	0	0
Bro Robert Hoppe , REGENT	30	Х						0	0	0
Angela H Isaac , REGENT	30	Х						0	0	0
Clifton Y Kagawa , REGENT	30	Х						0	0	0
Brıg Gen Dwıght Kealoha , REGENT	30	Х						0	0	0
Rev Joseph H Lackner , REGENT	30	Х						0	0	0
Violet S LoO , REGENT	30	Х						0	0	0
Edison H Miyawaki , REGENT	30	Х						0	0	0
Rev David H Schuyler , REGENT	30	Х						0	0	0
Anna Maria Springer , REGENT	30	Х						0	0	0
Nicholas J Susner , REGENT	30	Х						0	0	0
Willibrord K Tallett , REGENT	30	Χ						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
		(C) Position (check all that apply)				(F)				
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
LAWRENCE WK TSEU , REGENT	30	Х						0	0	0
Sharon Weiner , REGENT	30	Х						0	0	0
Corı Chıng Weston , REGENT	30	Х						0	0	0
Patrick KSL Yim , REGENT	30	Х						0	0	0
J LUIS ZABALA , REGENT	30	Х						0	0	0
BRO EDWARD BRINK SM , EX OFFICIO	30	Х						0	0	0
TRACY TREVORROW , EX OFFICIO	30	Х						0	0	0
MARY WESSELKAMPER , EX OFFICIO/PRESIDENT	40 00	Х		х				187,544	0	22,489
KATHLEEN WO , EX OFFICIO	30	Х						0	0	0
EDWARD KO EU , EMERITUS REGENT	30	Х						0	0	0
REV DONALD P MERRIFIEL , EMERITUS REGENT	30	Х						0	0	0
BRO BERNARD J PLOEGER , EXECUTIVE VP/PRESIDENT	40 00			х				0	0	0
DANIEL GILMORE , VP FINANCE & FACILITIES	40 00			х				98,965	0	19,760
DIANE PETERS-NGUYEN , VP INSTITUTIONAL ADV	40 00			х				120,151	0	19,228
Dale Fryxell , PROFESSOR	40 00					Х		133,534	0	20,324
JOHN WEBSTER , PROFESSOR	40 00					Х		135,393	0	1,764
ROBERT SANTEE , DEAN OF BEHAVIORAL SCI	40 00					Х		123,586	0	6,732
MADISON GOFF, PROFESSOR	40 00					Х		117,400	0	6,640
LARRY OSBORNE , DEAN OF INFO SVCS & LIBR	40 00					х		109,146	0	12,467

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

CHAMINADE UNIVERSITY OFFERS ITS STUDENTS AN EDUCATION IN A COLLABORATIVE LEARNING ENVIRONMENT THAT PREPARES THEM FOR LIFE, WORK AND SERVICE. GUIDED BY ITS CATHOLIC, MARIANIST AND LIBERAL ARTS EDUCATION TRADITIONS, CHAMINADE ENCOURAGES THE DEVELOPMENT OF MORAL CHARACTER AND PERSONAL COMPETENCIES, AND THE COMMITMENT TO BUILD A JUST AND PEACEFUL SOCIETY. THE UNIVERSITY OFFERS THE CIVIC AND CHURCH COMMUNITIES OF THE PACIFIC REGION ITS ACADEMIC AND INTELLECTUAL RESOURCES IN THE PURSUIT OF COMMON AIMS.

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

**Supplemental Financial Statements** 

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

	me of the organization MINADE UNIVERSITY OF HONOLULU		Employer identification number						
СПА	MINADE UNIVERSITY OF HONOLOLU		99-0272261						
Pa	rt I Organizations Maintaining Donor Adorganization answered "Yes" to Form 99		unds or Account	<b>s.</b> Complete if the					
	-	(a) Donor advised funds	(b) Funds and	other accounts					
L	Total number at end of year								
2	Aggregate Contributions to (during year)								
3	Aggregate Grants from (during year)								
ŀ	Aggregate value at end of year								
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised	┌ Yes ┌ No					
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		•	□Yes □No					
22	rt II Conservation Easements. Complete	if the organization answered "Ves" to	o Form 000 Dart I	<u> </u>					
L 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of ce	historically importain	ure					
•	on the last day of the tax year			t the End of the Year					
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easement	s	2b						
c	Number of conservation easements on a certified hi	istoric structure included in (a)	2c						
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d						
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization	n during					
	the taxable year ►								
ı	Number of states where property subject to conserva	ation easement is located ►							
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and	┌ Yes ┌ No					
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►						
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$						
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2 (d) above satisfy the requirements of sec	tion	┌ Yes ┌ No					
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	-						
ar	<b>t III</b> Organizations Maintaining Collection Complete if the organization answered '		or Other Similar	Assets.					
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	ch in furtherance of p						
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii							
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$						
	(ii) Assets included in Form 990, Part X		<b>-</b> \$						
2	If the organization received or held works of art, histological following amounts required to be reported under SFA		or financial gain, prov	ıde the					
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$						

**b** Assets included in Form 990, Part X

3	Using the organization's accession and othe	r records, check any	ofth	e fol	lowing that ai	re a significant u	ise of its co	llection	1	
	items (check all that apply)			_	-	-				
а	Public exhibition		d	ı	Loan or exc	hange programs				
b	Scholarly research		e	Γ	O ther					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n hov	v the	y further the	organization's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Г	Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the orga		ered "Yes	" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	for c	ontributions	or other assets	not	Г	Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	e				Т			
								A mou	int	
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									
Pai	rt V Endowment Funds. Complete									
4_	Barraga of warmhalance	(a)Current Year 7,677,361	(b	<b>)</b> Prior	Year (c)	wo Years Back (d)	Three Years I	заск   <b>(е</b>	)Four Ye	ears Back
1a	Beginning of year balance	497,286								
b	Contributions									
с	Investment earnings or losses	-1,026,844								
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	7,147,803								
2	Provide the estimated percentage of the year	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	1 240 %								
Ь	Permanent endowment 🕨 98 760 %									
c	Term endowment ►									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion t	that	are held and a	admınıstered for	the			
	organization by								Yes	No
	· · · · · · · · · · · · · · · · · · ·									
	(i) unrelated organizations							3a(i)		Νο
L	(ii) related organizations							3a(ii)		
	(ii) related organizations		on S	chec	lule R?		· · ·		Yes	Νο
4	(ii) related organizations		on S owme	ched ent fu	lule R? inds	art Y line 10		3a(ii)		Νο
4	(ii) related organizations		on S owme	ched ent fu ee F	ule R? inds form 990, P	,	· · · · ·	3a(ii)		Νο
4	(ii) related organizations		on S owme	ent fue of the control of the contro	lule R? inds	art X, line 10.  (b)Cost or other basis (other)	(c) Deprec	3a(ii) 3b	Yes	Νο
4 Par	(ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tyle Investments—Land, Buildings		on S owme	ent fue of the control of the contro	ule R? Inds Form 990, P Cost or other	(b)Cost or other	(c) Deprec	3a(ii) 3b	Yes (d) Boo	No No ok value
4 Par	(ii) related organizations		on S owme	ent fue of the control of the contro	ule R? Inds Form 990, P Cost or other	(b)Cost or other basis (other)	<u>  ` ` `                                 </u>	3a(ii) 3b	Yes (d) Boo	N o N o ok value
Par 1a l	(ii) related organizations		on S owme	ent fue of the control of the contro	ule R? Inds Form 990, P Cost or other	(b)Cost or other basis (other) 1,308,600	<u>  ` ` `                                 </u>	3a(ii) 3b	Yes (d) Boo	N o N o ok value
Par 1a l b i	(ii) related organizations		on S owme	ent fue of the control of the contro	ule R? Inds Form 990, P Cost or other	(b)Cost or other basis (other) 1,308,600	11,73	3a(ii) 3b	Yes (d) Boo	N o N o ok value 1,308,600 3,462,253
1a l b i c l d i	(ii) related organizations		on S owme	ent fue of the control of the contro	ule R? Inds Form 990, P Cost or other	(b)Cost or other basis (other)  1,308,600  45,183,110	9,00	3a(ii) 3b ation 20,857	Yes (d) Boo	No No

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II  (a) Descri			(b) Book value
(a) Descri	ption		(b) Dook value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part	T.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes STUDENT LOANS	642120		
STUDENT LOANS DEPOSITS	643,138		
CAPITAL LEASE OBLIGATION	153,089		
CATTIAL LEASE OBLIGATION	153,089		
	1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1,484,130		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	41,448,248
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,657,390
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	790,858
4	Net unrealized gains (losses) on investments	4	-323,834
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-209,568
9	Total adjustments (net) Add lines 4 - 8	9	-533,402
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	257,456
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial		34,841,96
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С.	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	751,24
3	Subtract line <b>2e</b> from line <b>1</b>	3	34,090,724
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	7,357,524
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	41,448,248
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	34,584,509
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c 	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	2.464.24
e	Add lines 2a through 2d	2e	2,464,213
3	Subtract line <b>2e</b> from line <b>1</b>	3	32,120,296
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	8,537,094
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	40,657,390

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

<b>Ident if ier</b>	Return Reference	Explanation
Part V , Line 4	Description of Intended Use of Endowment Funds	Endowment Funds are used for scholarships and program expenses
Part XI, Line 8 - Other Adjustments		RENT NOT RECORDED ON GL -2550 CHANGE IN NET ASSETS OF CUEF -206925 OTHER ADJUSTMENT -93
Part XII, Line 2d - Other Adjustments		CHANGE IN NET ASSETS OF CUEF -206925
Part XII, Line 4b - O ther A djustments		TUITION DISCOUNTS & SCHOLARSHIPS 6450573 RENT NOT RECORDED ON GL 2550 RENTAL EXPENSES -11853 FUNDRAISING EXPENSES -45506 COGS -1124854 FEDERAL GRANTS 2085709 OTHER ADJUSTMENTS 905
Part XIII, Line 2d - Other Adjustments		FUNDRAISING EXPENSES 45506 COGS 1124854 RENTAL EXPENSES 11853
Part XIII, Line 4b - Other Adjustments		TUITION DISCOUNTS & SCHOLARSHIPS 6450473 FEDERAL GRANTS NETTED AGAINST REVENUE 2085709 OTHER ADJUSTMENTS 912

# OMB No 1545-0047

16 NO 1545-004

2008

# SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

CHAMINADE UNIVERSITY OF HONOLULU

Attach to Form 990 or Form 990-EZ. To be completed by organizations that

**Schools** 

answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Inspection
Employer identification number

	99-0272261			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	"NOTICE OF NONDISCRIMINATORY POLICY" IS AVAILABLE TO THE PUBLIC VIA THE UNIVERSITY CATALOG, STUDENT HANDBOOK AND CHAMINADE WEBSITE (WWW CHAMINADE EDU)			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )			
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νo
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		No
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	5h		No
_		<u> </u>		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	N o
D	If you answered "Yes" to either 6a or b, please explain using an attached statement	6b		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	7	Yes	

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DLN: 93493127000000

OMB No 1545-0047

2008

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

SCHEDULE G

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Employer identification number

CHA	MINADE UNIVERSITY OF	HONOLULU									
						99-0272261					
Pa	rt I Fundraising Act	<b>tivities.</b> Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	', line 17.				
1	Indicate whether the organ	nızatıon raısed funds	through ar	ny of the	following activities Ch	eck all that apply					
а	Mail solicitations				e 🔽 Solicitation of i	f non-government grants					
b	Email solicitations				f 🔽 Solicitation of	of government grants					
C	Phone solicitations				g 🔽 Special fundrai	lraising events					
d	✓ In-person solicitations	5									
2a	Did the organization have or key employees listed in	-		•	, ,		Γ Yes Γ N				
b	If "Yes," list the ten highes to be compensated at leas										
	(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		fundraiser have custody or control of		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
			Yes	No							
		-									
Tota	al	1	l	<u> </u>							

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

		more than \$15,000 on Form	990-EZ, line 6a. List o	1	eipts greater than \$5	,000.		
			(a) Event #1  Athletics Gala	<b>(b)</b> Event #2	(c) O ther Events	(Add col	tal Eve (a) th I (c))	
			(event type)	(event type)	(total number)		(0)	
⊕ ¥	1	Gross receipts	115,685				11	5,685
Revenue	2	Less Charitable	85,817				8	5,817
	3	Gross receipts Less Charitable contributions Gross revenue (line 1 29,868 Non-cash Prizes Non-cash Prizes Rent/Facility costs Other direct expenses Direct expense summary Add lines 4 through 7 in column (d). Net income summary Combine lines 3 and 8 in column (d).  Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or \$15,000 on Form 990-EZ, line 6a.			29	9,868		
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
red L	6	Rent/Facility costs	29,868				29	9,868
Direct Expenses	7	Other direct expenses	15,638					5,638
<u>₽</u>	8		4	5,506				
	9	Net income summary Combine li	nes 3 and 8 ın column (d)	)	•		-1	5,638
Par	t III			"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	bingo/progressive	(c) O ther gaming	(d) Total col (a) th	gamıng rough co	(Add I <b>(c)</b> )
œ	1	Gross revenue						
မှ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u> </u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%_	┌ Yes%_	┌ Yes%_			
	7	Direct expense summary Add line	,	,	<b>.</b>			
	8	Net gaming income summary Com	hine lines 1 and 7 in coli	ımp (d)				
		Wee gaming meanic summary com	bille inies I alia / ili colo	(4)		_	Yes	No
9		er the state(s) in which the organiza			<del>-</del>			
a b		he organization licensed to operate No," Explain	gaming activities in each	n of these states?		• 9a		
D		чо, схрівії						
l0a	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	e any of the organization's gaming	ucansas ravakad suspan	dod or torminated durin	g the tay year?			
b		e any or the organization's gaining i (es," Explain	icelises levokeu, suspeli	ded of terminated during	g the tax year.	10a		
l1	Doe	s the organization operate gaming a	activities with nonmembe	rs?		11		<u> </u>
L <b>2</b>		he organization a grantor, beneficia						4

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
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 📂 💲		

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DLN: 93493127000000

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

CHAMINADE UNIVERSITY OF HONOLULU

Name of the organization

Schedule I

(Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

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

Open to Public Inspect ion Employer identification number

							99-02/2261	
Part	I General Infor	mation on Gra	nts and Assistance					
th	ne selection criteria use	ed to award the gra				libility for the grants or a		✓ Yes ✓
Part	Form 990, Part Part IV and Sch	IV, line 21 for ai nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the first the office of the contract o	eived more than \$5,0	
1(a)	Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	nter total number of se rganızatıons		d government			•		
<b>3</b> E	nter total number of oth	ner organizations .					<u> </u>	•
For Pape	erwork Reduction Act No	tice, see the Instruc	tions for Form 990.		Cat No 50055	Р	Sci	hedule I (Form 990) 2008

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS & GRANTS	1026	6,119,655			

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

Ident if ier	Return Reference	Explanation

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DLN: 93493127000000

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. To be completed by organizations

ternal Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
CHAMINADE UNIVERSITY OF HONOLULU

99-0272261

**Employer identification number** 

Pc	Questions Regarding Compensation	·II			
				Yes	Νo
1a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I		1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	hat apply			
	Compensation committee	✓ Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control	payment?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"		7		Νo
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation		( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation (ii) Bonus & (iii) Other compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
MARY WESSELKAMPER (I)	187,544			9,500	12,989	210,033		
Dale Fryxell (1)	133,534			6,925	13,398	153,857		
(i)								
(ii)								
(i)	<u> </u>							
(ii)								
(i)	<del> </del>							
(ii)	-							
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)	<del> </del>							
(ii)								

## Part III Supplemental Information

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

Ident if ier	Return Reference	Explanat ion
-		
	•	

DLN: 93493127000000

**Supplemental Information on Tax Exempt Bonds** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** 

	ie or the organization									Employer	identificat	ion num	)ei	
СН	AMINADE UNIVERSITY OF HONOLU	ULU								99-0272	2261			
P	art I Bond Issues (Required	for 2008)								<u> </u>				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue Price		(f) Description of Purpose		Purpose	(g) Defeas		Beha	On alf of uer
											Yes	No	Yes	No
Α_	Chaminade University of Honolulu	99-0272261	419800GV6	03-22-	2006	10,	140,846	FURTHERAI CHARITABL				x		х
Pā	art III Proceeds (Optional for	2008)		1										
1	Total Proceeds of Issue			•	Α	E	3			С	)		E	
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasai	nce Escrows												
4	Other Unspent Proceeds													
5	5 Issuance Costs from Proceeds													
6	6 Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion					•		•						
			_	Yes	No	Yes	No	Yes	No	Yes	No	Yes	;	No
9	Were the bonds issued as part of a	<del>_</del>												
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	s been made?												
12	Does the organization maintain ad final allocation of proceeds?	equate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	)	1		_								
				A B C				D		<u>E</u>				
1	Was the organization a partner in a which owned property financed by		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
2														
For	Panerwork Peduction Act Notice see the	a Instructions for Form	. 000			Cat No. 501	03E			c.	chodulo K	Form 99	U) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493127000000

OMB No 1545-0047

Open to Public Inspection

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** CHAMINADE UNIVERSITY OF HONOLULU 99-0272261 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or (g)Written (e) In Approved from the (a) Name of interested person and (c)Original principal (d)Balance due default? by board or agreement? organization? amount purpose committee? Τо From Yes No Yes Yes No **Grants or Assistance Benefitting Interested Persons** Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (c)A mount of grant or type of assistance (a) Name of interested person and the organization

#### **Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
THOMAS WESSELKAMPER	FACULTY MEMBER OF CHAMINADE AND HUSBAND OF OFFICER OF EXEMPT ORGANIZATION	,	SALARY PAYMENTS TO FACULTY MEMBER/INTERESTED PERSON		No
BRO ROBERT HOPPE	REGENT OF EO AND OFFICER OF MARIANIST CENTER OF HAWAII	, ,	EO LEASES LAND AND CERTAIN BUILDINGS FROM MARIANIST CENTER OF HAWAII		No

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DLN: 93493127000000

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

CHAMINADE UNIVERSITY OF HONOLULU

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Inspection Employer identification number

					99-0272261			
Pa	rt I Types of Property	1	<b>I</b>	<u> </u>	1			
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermi	nıng	
	A	applicable		1 g				
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	2	77,445	FMV			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			0
							Yes	No
30a	During the year, did the organization hold for at	ition receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must			
	least three years from the date o		•	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a		Νo
	If "Yes", describe in Part II If the organization did not report	reveniles i	n Column (c) for a type of r	property for which Column (	a) is			
	chacked describe in Part II		Column (c) for a cype of p		-, ···			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 3 32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation				
	Notarii Notari					

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization
CHAMINADE UNIVERSITY OF HONOLULU

99-0272261

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A draft of the 990 will be submitted to the Audit Committee at their April 2010 Meeting for review prior to finalization & filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		PRESIDENT'S OFFICE TRACKS COMPLETION OF FORMS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		FOR THE ORGANIZATION'S PRESIDENT, THE BOARD NEGOTIATES THE CONTRACT IN CONJUNCTION WITH THE UNIVERSITY LEGAL COUNSEL FOR OTHER OFFICERS OR KEY EMPLOYEES, COMPENSATION IS NEGOTIATED BY THE PRESIDENT OF THE UNIVERSITY WHO CONSULTS WITH THE PERSONNEL OFFICE & COMPARES COMPENSATION WITH PEER INSTITUTIONS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S GOVERNING DOCUMENTS & CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE & UPON REQUEST

#### DLN: 93493127000000

OMB No 1545-0047 2008

Open to Public

# **SCHEDULE R** (Form 990)

Department of the Treasury

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

**Related Organizations and Unrelated Partnerships** 

Inspection Internal Revenue Service Name of the organization **Employer identification number** CHAMINADE UNIVERSITY OF HONOLULU 99-0272261 **Identification of Disregarded Entities** (A)
Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
MARIANIST CENTER OF HAWAII  3140 WAIALAE AVENUE HONOLULU, HI96816 99-0142275	EDUCATIONAL	ні	501(C)(3)	SEC 170(B)(1)(A)(I)	N/A
CHAMINADE UNIVERSITY EDUCATIONAL FOUNDATION  C/O 1088 BISHOP STREET 1009 HONOLULU, HI96813 99-6007124	SCHOLARSHIP FOUNDATION	ні	501(C)(3)	SEC 509(A)(3)	N/A

<b>(A)</b> Name, address, and EIN of related organization		<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	( <b>H)</b> Percentage r ownership		

Part V	Transactions with Related Organizations
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Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	<u>, T</u>
During the tax year, did the orgranization 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 (iv) rent from a controlled entity	1a		1
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b	)	1
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	;
d Loans or loan guarantees to or for other organization(s)	1d		1
e Loans or loan guarantees by other organization(s)	1e		T
f Sale of assets to other organization(s)	1f		T
g Purchase of assets from other organization(s)	<b>1</b> g	1	<b>T</b>
h Exchange of assets	1h		T
i Lease of facilities, equipment, or other assets to other organization(s)	1i		
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	;
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		
Performance of services or membership or fundraising solicitations by other organization(s)	11		ı
m Sharing of facilities, equipment, mailing lists, or other assets	1m	n Yes	; 🗍
n Sharing of paid employees	1n	1	1
• Reimbursement paid to other organization for expenses	10		T
p Reimbursement paid by other organization for expenses	1p	Yes	;
q Other transfer of cash or property to other organization(s)	1q		$\top$
r O ther transfer of cash or property from other organization(s)	1r		T
		•	

<b>2</b> I	f the answer to any of the above is "Yes," see the instructions for informatio	on on who must complete this line, including covered relationship	s and transaction thresholds
	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	MARIANIST CENTER OF HAWAII	J	1,282,000
(2)	MARIANIST CENTER OF HAWAII	P	84,715
(3)	CHAMINADE UNIVERSITY EDUCATION FOUNDATION	С	0
(4)			
(5)			
(6)			

## Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1	
<b>(A)</b> Name, address, and EIN of entity	( <b>B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1			1	ı	1			