# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 8050957 | Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

A	For the	e 2022 calendar year, or tax year beginning J	UL 1, 2022 and	ending J	UN 30, 202	23	
В	Check if applicabl	C Name of organization			D Employ	er identifi	ication number
Х		university of hawaii foundation			]		
	Name chang	Doing business as			99-	0085260	
F	Initial return Final return	Number and street (or P.O. box if mail is not do 1810 UNIVERSITY AVENUE, SUITE 300	,	Room/suite	E Telephoi	ne numbe 956-8700	
	termin				G Gross recei	ints \$	405,937,262.
	Amen		z o. lo.oigii pootal oodo		H(a) Is this		
$\vdash$	Applic	•	HAN		4 ' '	oordinates	
_	pendi	1810 UNIVERSITY AVENUE, SUITE 300,			1		ncluded? Yes No
$\overline{}$	Γαν-ον	empt status: X 501(c)(3) 501(c) (		or 527	1		list. See instructions
	Websi		(1113011110.) 1347(a)(1)	01 027	H(c) Group		
			ssociation Other	1 Vear	of formation;		M State of legal domicile; HI
	art I	Summary	3300iation Other	L icai	or formation,	2300	Wi State of legal doffficile, ***
	1	Briefly describe the organization's mission or most	significant activities: TO UNI	TE DONORS	' PASSION	S WITH	
ခင္		THE UNIVERSITY OF HAWAI'I'S (UH) ASPI					
Ę	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of	its net as	sets.
Ver	3	Number of voting members of the governing body				1	18
ဗိ	4	Number of independent voting members of the go					18
ري دن	5	Total number of individuals employed in calendar					184
Activities & Governance	6	Total number of volunteers (estimate if necessary)				84(5)(0.5)	18
ž	7 a	Total unrelated business revenue from Part VIII, co	Jumn (C) line 12			7a	-1,072,226.
Ă	b	Net unrelated business taxable income from Form					
					Prior Ye	111111111111111111111111111111111111111	Current Year
	8	Contributions and grants (Part VIII, line 1h)			140,7	29,663.	74,286,376.
Revenue	9				· ·	0.	0.
Ver	10	Investment income (Part VIII, column (A), lines 3, 4			37 6	64,917.	44,091,574.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d				90,629.	4,703,592.
		Total revenue - add lines 8 through 11 (must equal			<del> </del>	85,209.	123,081,542.
		Grants and similar amounts paid (Part IX, column (				85,071.	17,234,491.
	1	Benefits paid to or for members (Part IX, column (				0.	0.
	45	Salaries, other compensation, employee benefits (			10 2	88,271.	11,235,385.
Expenses	169	Professional fundraising fees (Part IX, column (A), I				0.	0.
oen Oen	h	Total fundraising expenses (Part IX, column (D), lin			Jacob Jacob	A LOST IN	Parties and the same
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d		-	39 5	28,359.	40,014,576.
		Total expenses. Add lines 13-17 (must equal Part I				01,701.	68,484,452.
		Revenue less expenses. Subtract line 18 from line				83,508.	54,597,090.
- 9		Heveride less expenses. Cubitact line 10 non line	160		ginning of Cur		End of Year
ets or	20	Total assets (Part X, line 16)			-	96,748.	893,522,101.
ASS	21	Total liabilities (Part X, line 26)			<u>-</u>	75,374.	130,456,196.
Net Assets	22	Net assets or fund balances. Subtract line 21 from	line 20			21,374.	763,065,905.
	art II	Signature Block			,	, .	, , , , ,
Und	er pena	Ities of perjury, I declare that I have examined this return	including accompanying schedules	s and stateme	ents, and to the	best of my	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than office					,
	,	Harashibuta					3/2024
Sig	n	Signature of officer			Date	e	7000
Hei		KARA SHIBATA, CONTROLLER/ASST TREASUR	ER				
	•	Type or print name and title					
		Print/Type preparer's name	Preparer's signature	I	Date	Check	PTIN
Paid	1	CORI SADANAGA	Preparer's signature	5	/10/2024	if self-employ	
_	parer	Firm's name KPMG LLP			Firm	n's EIN	13-5565207
	Only	Firm's address 1003 BISHOP STREET, SUITE	2210	·	1 1111		
	,	HONOLULU, HI 96813			Pho	ne no 808	3-540-2800
Mar	the II	RS discuss this return with the preparer shown abo	wa? Saa instructions		[1110	110	X Ves No

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print UNIVERSITY OF HAWAII FOUNDATION 99-0085260 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1314 SOUTH KING STREET SUITE B return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. HONOLULU, HI 96814 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) KARA SHIBATA The books are in the care of ► 1314 SOUTH KING STREET, SUITE B - HONOLULU, HI 96814 Telephone No. ▶ 808-376-7800 Fax No. ▶ 808-441-0992 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ▶ X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Pa	irt iii Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO UNITE DONORS' PASSIONS WITH THE UNIVERSITY OF HAWAI'I'S (UH)	
	ASPIRATIONS BY RAISING PHILANTHROPIC SUPPORT AND MANAGING INVESTMENTS	
	TO BENEFIT UH, THE PEOPLE OF HAWAI'I AND OUR FUTURE GENERATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	ov expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	• •
	revenue, if any, for each program service reported.	experieses, and
 4а	15 200 026	0.)
ти	STUDENT AID AND SERVICES - UHF RAISES AND DISTRIBUTES MONEY FOR STUDENT	
	AID, SCHOLARSHIPS, FELLOWSHIPS, GRANTS AND AWARDS TO HELP STUDENTS	
	FULFILL THEIR ACADEMIC POTENTIAL AND ENSURE OUR STATE HAS THE SKILLED	
	PROFESSIONALS IT NEEDS TO FLOURISH.	
	TROT BESTORIES IT REEDS TO TESCRISH.	
	THESE INCLUDE MERIT-BASED SCHOLARSHIPS, NEED-BASED SCHOLARSHIPS, STUDY	
	ABROAD OPPORTUNITIES AND PROGRAMS THAT HELP BUILD INTERNATIONAL BRIDGES	
	AND CULTURAL VERSATILITY. FELLOWSHIPS HELP UH ATTRACT AND RETAIN	
	OUTSTANDING STUDENTS WHOSE RESEARCH AND CONTRIBUTIONS TO OUR WORLD ARE	
	KEY TO A VIBRANT FUTURE.	
	11 642 220	0 \
4b		0.
	RESEARCH - THE UNIVERSITY OF HAWAI'I FOUNDATION (UHF) HELPS ADVANCE	
	WORLD-CLASS RESEARCH AND INNOVATION THROUGH STRATEGIC PHILANTHROPIC	
	INVESTMENTS. PRIVATE SUPPORT PLAYS A CRITICAL ROLE IN ENABLING UH	
	RESEARCHERS TO TACKLE OUR WORLD'S CHALLENGES AND IMPROVE OUR QUALITY OF	
	LIFE. WITH ITS UNIQUE GEOGRAPHIC LOCATION IN THE MIDDLE OF THE PACIFIC	
	OCEAN, THE RICH ETHNIC DIVERSITY AND ENVIRONMENTAL ATTRIBUTES, UH HAS	
	BECOME A GLOBALLY RECOGNIZED LEADER FOR ITS PIONEERING RESEARCH IN	
	FIELDS SUCH AS OCEANOGRAPHY, VOLCANOLOGY, ASTRONOMY, PACIFIC ISLANDS	
	AND ASIAN AREA STUDIES, TROPICAL AGRICULTURE, CANCER AND GENETICS. UH?S	
	HIGHLY RANKED ACTIVE RESEARCH PROGRAMS SERVE AS A MAGNET FOR LEADING	
	RESEARCHERS, BUILDING UH CENTERS OF EXCELLENCE IN AREAS INCLUDING	
	MICROBIOMES, ENDANGERED AND RARE PLANT CONSERVATION AND CLIMATE CHANGE.	
4c		<u> </u>
	SPECIAL PROGRAMS - DONOR DESIGNATED ACCOUNTS SUPPORT A RANGE OF	
	ACADEMIC AND NON-ACADEMIC INITIATIVES/PROGRAMS. THESE INCLUDE VISITING	
	DISTINGUISHED LECTURERS AND PROFESSORSHIPS, COMPUTER LAB SUPPORT,	
	FACILITIES FUNDS, INTRAMURAL SPORTS, OUTREACH PROGRAMS THAT SUPPORT	
	LIFELONG LEARNING AND COMMUNITY EDUCATION, HEALTH FAIRS, WORKSHOPS,	
	BAND AND MENTORSHIP PROGRAMS.	
	THROUGH FUNDRAISING AND ACCOUNT MANAGEMENT, UHF IS A PARTNER IN CAPITAL	
	IMPROVEMENT PROJECTS TO BRING STATE-OF-THE-ART FACILITIES, TECHNOLOGY	
	AND EQUIPMENT TO CAMPUSES STATEWIDE. QUALITY FACILITIES AND RESOURCES	
	NURTURE HEALTHY LEARNING AND PRODUCTIVE COLLABORATION. FROM BUSINESS	
	EDUCATION TO ADVANCED CULINARY TRAINING, DONORS ARE HELPING UH DELIVER	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 16,667,060. including grants of \$ 890,481.) (Revenue \$	0.)
4e	Total program service expenses 52,401,015.	

# Form 990 (2022) UNIVERSITY OF HAWAII FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<del></del>
0	, ,	8		x
•	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		<del></del>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		$\vdash$
13	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		<del></del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		04	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

# Form 990 (2022) UNIVERSITY OF HAWAII FOUNDATED Part IV | Checklist of Required Schedules (continued)

Ves   No   Part IX, column (A), line 2? If Yes, "complete Schedule I, Parts I and III   22   X   2   2   X   2   2   X   2   2		· (continued)		V	Na
Part IX, column (A), line 2" If Y'es," complete Schedule I, Parts I and III  Did the organization answer "Fire" to Part VIII, School A, line 3. 4, 9. 5, about compensation of the organization so current and former officiant, directions, trustees, key employees, and highest compensated employees? If Y'es, complete Schedule I, Part II  Did the any animal time that was issued after December 31, 2002? If "Yes," arrawer lines 2th braups 24d and complete Schedule K If Yes," po to line 25s.  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24d	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	NO
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former offices, direction, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV 1, Section A, line 3, 4, or 5, about compensation of 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  1 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  2 db IV 1 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  2 db IV 1 bid the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  2 db IV 1 bid the organization invest any proceeds of tax exempt bonds of the organization invest any proceeds of tax exempt bonds of the organization invest any proceeds of tax exempt to the organization or any proceeds of tax exempt to the organization grant to the advantage of the organization or any proceeds of tax exempt to the organization grant to the satisfaction to the day of the organization or the organization any proceeds or the organization or the organization as any tax organization as a section or part or the advantage of the organization as any tax or the advantage of the organization and that the transaction has not been reported on any of the organization or passible store or proceeds or the organization or passible store organization organization organization organization organ	22		22	х	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L, Part IV 28a IX 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 interes 24b through 24d and complete Schedule L, If I is a school of the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 24b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of with the view of the organization and that the transaction with a disqualified person of the organization and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spot of Forms 900 or 900 EZ7 (# Yes, "complete Schedule L, Part I	23				
Schedule / Wo." pat that was issued after December 31, 2002? // "Yes." answer lines 24b through 24d and complete Schedule K. // Wo." pot to line 25e.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X  b Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization mental an escrow account other than a refunding escrow at any time during the year?  d Did the organization mental an escrow account other than a refunding escrow at any time during the year?  d Did the organization according to the pear? If "Yes," complete Schedule I, Part I Zeb Section 501(5)(3), 501(5)(4) and 501(6)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Zeb Did the organization aware that the graged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Zeb Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former effore, director, trustee, key employee creator or founder, substantial contributor or smployee thereof or family member of any of these persons? If "Yes," complete Schedule I, Part II Zeb Did the organization provide a business transaction with or edit the following parties of each of the part of the assistance to any current or former effort, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule I, Part II Zeb Did the organization provide a business transaction with or of the following parties (see the Schedule I, Part II Zeb Did the organization receive more than \$250.00 in non-cash contributions? If "Yes," complete Schedule I, Part II II Zeb Did the					
24a Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,0000 as of the last day of the year, that was sized after December 31, 20027 //life year, answer lines 24b through 24d and complete Schedule K. If You're for the 25e.		$\cdot$	23	х	
sisted day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25s b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b	24a				
Schedule K. If 'No' 'go to lime Zsa b Did the organization maritani an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization maritani an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b x  25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  45d Did the organization account as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d X  25d Section 501(c/S), 501(c/N), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part 1  25d Is the organization awave that it engaged in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part 1  25d Is the organization awave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990E2? If "Yes," complete Schedule L, Part I  25d Did the organization part year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990E2? If "Yes," complete Schedule L, Part II  27d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, or family member of any of these persons? If "Yes," complete Schedule L, Part III  28d Was the organization aper that or to a business transaction with one of the following parties (see the Schedule L, Part III)  28d Was the organization engage thereof or family member of any of these persons? If "Yes," complete Schedule L, Part III  28d X			24a	Х	
any tax excempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d	b		24b		Х
d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 50(16)8, 501(6)4, and 501(2)80 yanganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  26 b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or annihy member of any of these persons? If "Yes," complete Schedule L, Part II    28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II)    29 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II)    20 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV    21 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV    22 A family member of any individual described in line 28a? If "Yes," complete Schedule II    23 A family member of any individual described in line 28a? If "Yes," complete Schedule II    24 A family member of any individual described in line 28a? If "Yes," complete Schedule II    25 A family member of any individual described in line 28a? If "Yes," complete Schedule II    26 A family member of any individual described in line 28a? If		any tax-exempt bonds?	24c		Х
transaction with a disqualified person during the year? #"Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? #"Yes," complete Schedule L, Part I    25b	d		24d		Х
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? #*Yes,** complete \$Chedule L, Part II	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete Schedule L, Part I   25b   X   26   Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee) thereof or fair these persons? If "Yes," complete Schedule L, Part II   26   X   27   Z   X   28   Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II   27   X   28   Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II   27   X   28   X   29   A family member of any individual described in line 28a?   If "Yes," complete Schedule L, Part IV   28a   X   28b   X   28c   X   29c   20c			25a		X
Schedule L, Part I   25b   X   2   2   2   2   2   2   2   2   2	b				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part IIV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 28a X 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule I, Part IV 28b X 28c X 29b Did the organization receive more than 255,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 20b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 20b Did the organization with or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 20b Did the organization with 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1 32 X 35b Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b X 35b Did the organization have a controlled entity within t		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28 C X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I I  31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  36 Section 501(c)(3) organizations have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization have a controlled entity within the meaning of section 512(b)(3) organization comple			25b		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26				
27 Did the organization provide a grant or other assistance to any current or former officer, firector, frustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.77			000		v
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?" // "Yes," complete Schedule L, Part IV.  27	27		20		
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Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  28a X  28b X  28b X  28b X  28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I  31 Did the organization injudicate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  32 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization related to any tax-exempt or traxble entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization on the organization make any transfers to an exempt non-charitable related organization?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  38 Did the organization complete Schedul			27		x
instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #  "Yes," complete Schedule L. Part IV.  b A family member of any individual described in line 28a? # "Yes," complete Schedule L. Part IV.  28b	28				
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   "Yes," complete Schedule L, Part IV.  A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?   "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions?   "If "Yes," complete Schedule II.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?   B 10 bit de organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?   B 11 bit dhe organization liquidate, terminate, or dissolve and cease operations?   B 12 bit dhe organization sell, exchange, dispose of, or transfer more than 25% of its net assets?   B 12 bit dhe organization on vn 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3?   B 14 Was the organization related to any tax-exempt or taxable entity?   B 14 Was the organization have a controlled entity within the meaning of section 512(b)(13)?   B 15 bit "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  B 15 bit "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?   B 17 Yes, "complete Schedule R, Part V, line 2  B 25 bit dhe organization conduct more than 5% of its activities through an entity that is not a related organization?   B 17 Yes, "complete Schedule R, Part V, line 2  B 18 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?   B 17 Yes, "complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   B 17 Yes, "complete Schedule O ond provide explanations on Schedule O for Part VI, lines 11b and 19?   B 18 Enter the number reported in box 3 of Form 1096. En					
*Yes,* complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes,* complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes,* complete Schedule L, Part IV  28c	а				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c			28a		х
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?   yes, "complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "yes," complete Schedule M 30 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Schedule N, Part I I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30.1.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501c()(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 35b Section 501c()(3) organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and 19? Note: All Form 990 filers are required to complete Schedule O Part V III intend 19? Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Table The number of Forms W-2G included on line 1a. Enter-	b		28b		Х
29   Did the organization receive more than \$25,000 in non-cash contributions?  f "Yes," complete Schedule M   29   X					
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  10 to the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  11 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I  12 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  13 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  13 Part V, line 1  14 Section 501(c)(3) organizations receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  15 Section 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  16 Section 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  16 Section 501(c)(3) organizations organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  17 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  18 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  18 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  19 Did the organization organization organized to complete Schedule O for Part VI, lines 11b and 19?  10 Did		"Yes," complete Schedule L, Part IV	28c		Х
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37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 Yes No  11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  12 X		, , , , , , , , , , , , , , , , , , , ,	36		Х
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	37				
Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The image of the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Statements Regarding Other IRS Filings and Tax Compliance  Yes No  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X			37		Х
Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X	38				
Check if Schedule O contains a response or note to any line in this Part V  Yes No  1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c X		Note: All Form 990 filers are required to complete Schedule O	38	Х	
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Yes No  1a 756  1b 0  1b 0  1c X	Par				
1a     Total       b     Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable     1a     756       b     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     X		Check if Schedule O contains a response or note to any line in this Part V			لل
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?		1 1 .		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Enter the harmost reported in box 6 of refin reco. Enter 6 in not applicable	-		
(gambling) winnings to prize winners?			-		
	С		4	Y	
	00000:				(3033)

Form 990 (2022)

UNIVERSITY OF HAWAII FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	2a	184			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		<b>2</b> b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	ts (FBAR).			
5а				5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			7.	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b			d	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7.	х	
d		7d	1	7с	71	
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		:t?	7 <del>6</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g	Х	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
_			_	8		х
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		х
b				9b		Х
10	Section 501(c)(7) organizations. Enter:	_				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	126	1			
_	organization is licensed to issue qualified health plans	13b 13c				
C 1/12	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?			1/10		х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			טדי		
.0	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
					000	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Soc	tion A. Governing Body and Management						Λ
Sec	tion A. Governing body and Management						·
		1	I	1 o F		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		18			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other				
	officer, director, trustee, or key employee?			.	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		L	5		Х
6	Did the organization have members or stockholders?			. L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			. L	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or				
	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?			Γ	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea-			`			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wonuo	Code )	··			
	(This Section B requests information about policies not required by the internal ne	venue	Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a	100	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·	ioa		
D					10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		ro filing the form?	·· ⊢	11a	Х	
		y Deloi	e ming the form:	- 1	1 Ia		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			- 1	10-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- 1	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			··	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Y	,			40-	х	
40	on Schedule O how this was done			· F	12c	X	
13	Did the organization have a written whistleblower policy?			` Г	13	X	
14	Did the organization have a written document retention and destruction policy?			.	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approva	ıı by ın	aepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37	
_	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization			.	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					7.	
	taxable entity during the year?			.	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's				
	exempt status with respect to such arrangements?			.	16b	Х	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedHI						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)	(3)s (	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, a	and t	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks an	d records				
	KARA SHIBATA - 808-956-8700						
	1810 UNIVERSITY AVENUE, SUITE 300, HONOLULU, HI 96822						
						ΩΩΩ	(0000)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and 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. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	(do box		Pos heck ss per	c) ition more rson i	than	one n an	( <b>D</b> ) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TIM DOLAN	40.00									
PRESIDENT/CEO				Х		_		549,991.	0.	87,582.
(2) JOHN HAN	40.00									
COO/CFO				Х		_		271,487.	0.	55,987.
(3) KARLA ZARATE-RAMIREZ	40.00									
ASSOCIATE VP - MAJOR GIFTS					Х			203,346.	0.	42,220.
(4) CHRISTINE KOO	40.00	-								
ASST TREASURER/ASSOCIATE VP				Х		_		179,521.	0.	55,541.
(5) ALLISON OHANIAN	40.00	_								
SENIOR EXECUTIVE DIRECTOR OF E					Х	_		185,151.	0.	33,111.
(6) MARGOT SCHRIRE	40.00									_
ASSOC VP OF COMMUNICATIONS AND						Х		146,071.	0.	56,777.
(7) JULIE INOUYE	40.00	-								
EXEC DIRECTOR OF DEVELOPMENT			_		Х	┝		166,016.	0.	31,681.
(8) KRISTI BATES	40.00	-						440.607		44 504
EXEC DIRECTOR OF DEVELOPMENT	10.00					Х		142,607.	0.	41,524.
(9) MEREDITH YORO	40.00	-						120 254	_	45 025
EXEC DIRECTOR OF DEVELOPMENT	10.00					Х		132,354.	0.	45,235.
(10) MAILE AU	40.00	-						125 265	_	0.0.251
SENIOR EXECUTIVE DIRECTOR OF A	40.00		_			Х		137,367.	0.	27,351.
(11) JUDY NAGAI	40.00	-						126 520	_	04.004
SENIOR EXECUTIVE DIRECTOR OF C	40.00					Х		136,539.	0.	24,004.
(12) KARA SHIBATA	40.00	-						114 275	_	22 610
ASST TREASURER/CONTROLLER	40.00			Х				114,275.	0.	33,619.
(13) AMANDA KELLY	40.00	-						07 017	_	17 102
ASST SECRETARY (14) C. SCOTT WO	0.50			Х				87,017.	0.	17,183.
CHAIRMAN	0.50	x		х				0.	0.	^
	0.50	^		Λ		┢		0.	٠.	0.
(15) STANDFORD S. CARR VICE CHAIR	0.50	x		х				0.	0.	0.
(16) TED PETTIT	0.50	Λ		Α.		$\vdash$		0.	0.	0.
VICE CHAIR & TREASURER	0.30	x		Х				0.	0.	0.
(17) LORI TERANISHI	0.50		$\vdash$			$\vdash$		0.	· · · · · · · · · · · · · · · · · · ·	· ·
SECRETARY	1 0.30	Х		Х				0.	0.	0.
232007 12.13.22	1	1>		L			1		· ·	Form <b>990</b> (2022)

Form **990** (2022) 232007 12-13-22

Form 990 (2022) UNIVERSITY OF	F HAWAII FO	UND.	A.I.T	ON					99-008526	0 Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week (list anv		l an	u a u		1711 43		from	from related	other
	hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nstitutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	vidual	tutior	er	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(18) PETER FUKUNAGA	0.50									
TRUSTEE		Х						0.	0.	0.
(19) PETER GROSSMAN	0.50									
TRUSTEE		Х						0.	0.	0.
(20) MICHAEL K. HIRAI	0.50									
TRUSTEE		Х						0.	0.	0.
(21) LOUISE K.Y. ING	0.50									
TRUSTEE		Х						0.	0.	0.
(22) JAMES P. LALLY	0.50									
TRUSTEE		Х						0.	0.	0.
(23) JAMES H. Q. LEE	0.50									
TRUSTEE		Х						0.	0.	0.
(24) ROSITA G. LEONG	0.50									
TRUSTEE		Х						0.	0.	0.
(25) ERIC K. MARTINSON	0.50									
TRUSTEE		Х						0.	0.	0.
(26) KEN MILLER	0.50									
TRUSTEE		Х						0.	0.	0.
1b Subtotal								2,451,742.	0.	551,815.
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)								2,451,742.	0.	551,815.

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

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

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

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

5 X

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or with	in the organization's tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE ASSOCIATES LLC		
PO BOX 412015, BOSTON, MA 02241	INVESTMENT SERVICES	746,072.
SAILDRONE INC.		
1050 W. TOWER AVE., ALAMEDA, CA 94501	RESEARCH SERVICES	374,572.
KPMG LLP, 1003 BISHOP STREET, SUITE 2210,		
HONOLULU, HI 96813	ACCOUNTING SERVICES	247,701.
	1	
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 (2022)

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Form 990 UNIVERSITY O	F HAWAII FO	UND	ATI	ON					99-00852	260
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c			that		ly)	compensation	compensation	amount of
	per					Ė		from	from related	other
	week					yee		the	organizations	compensation
	(list any	rector				old me		organization	(W-2/1099-MISC)	from the
	hours for	ordi	e e			ated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		ee	Suedic				and related organizations
	below	dual tr	tional	١.	n ploy	stcon	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JACKSON NAKASONE	0.50	_	╫	Ť	F	┝	_			
TRUSTEE		х						0.	0.	0.
(28) SEAN SUGAI	0.50									
TRUSTEE		х						0.	0.	0.
(29) JASON TAYLOR	0.50									
TRUSTEE		х						0.	0.	0.
(30) GINNY TIU	0.50									
TRUSTEE		х	L					0.	0.	0.
(31) HANK WUH	0.50		_							
TRUSTEE		Х						0.	0.	0.
						_				
		-								
				$\vdash$		$\vdash$				
						$\vdash$				
			L	L		L				
Total to Part VII, Section A, line 1c		<u></u>		<u></u>	<u></u> .	<u></u>				
								-		-

Form 990 (2022) UNIVERSITY

Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to any lin	e in this Part VIII			
			,,,,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					tunction revenue	business revenue	sections 512 - 514
SΩ	1 2	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	505,204.				
ည် ရှ		Fundraising events 1c	1,731,218.				
ffs, r A		d Related organizations 1d	, , .				
nia G		Government grants (contributions)					
Sir		All other contributions, gifts, grants, and					
uti	•	similar amounts not included above 1f	72,049,954.				
ĢË ĢĒ	,	Noncash contributions included in lines 1a-1f	4,939,087.				
on Pud		Total. Add lines 1a-1f		74,286,376.			
<u> </u>	•	1 Total Add lines 1a 11	Business Code				
	2 8						
je	Z d						
Ser							
m S							
gra Re	`		_				
Program Service Revenue	•	All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, in					
	3			6,304,359.		-1,104,576.	7,408,935.
	4	Income from investment of tax-exempt bor	nd procoods	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5	Royalties	='	32,455.			32,455.
	3	(i) Real	(ii) Personal	02,100.			02,100.
	6 -	<b>a</b> Gross rents <b>6a</b> 76,6					
		Less: rental expenses 6b 57,6					
		Rental income or (loss) 6c 19,0					
		M. Not worth in some or (loss)		19,047.		7,350.	11,697.
		a Gross amount from sales of (i) Securiti	es (ii) Other				,
	, ,	assets other than inventory <b>7a</b> 319,174,9					
	ŀ	Less: cost or other basis					
<u>o</u>	•	and sales expenses	70. 352,000.				
nue	,	Gain or (loss) 7c 37,746,0	84. 41,131.				
Seve		d Net gain or (loss)		37,787,215.			37,787,215.
her Revenue		a Gross income from fundraising events (not					
ğ	•	including \$ 1,731,218. of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a 2,061,185.				
	k	Less: direct expenses	8b 1,017,201.				
		Net income or (loss) from fundraising even	ts	1,043,984.			1,043,984.
		a Gross income from gaming activities. See					
		Part IV, line 19	9a				
	k	Less: direct expenses	9b				
		Net income or (loss) from gaming activities	<u> </u>				
		Gross sales of inventory, less returns					
		and allowances	10a				
	k	Less: cost of goods sold	10b				
		Net income or (loss) from sales of inventor	/				
			Business Code				
sno	11 a	SERVICE CONTRACTS - UH	900099	3,525,235.	3,525,235.		
ane Due	k	SPECIAL EVENTS	900099	25,194.	25,194.		
eve	(	ADVERTISING	541800	25,000.		25,000.	
Miscellaneous Revenue	(	All other revenue	900099	32,677.	32,677.		
2		Total. Add lines 11a-11d		3,608,106.			
	12	Total revenue. See instructions		123,081,542.	3,583,106.	-1,072,226.	46,284,286.

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

_	Check if Schedule O contains a respons	se or note to any line in t	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15,287,009.	15,287,009.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,947,482.	1,947,482.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,194,322.		843,873.	1,350,44
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	7,003,621.	2,007.	2,554,759.	4,446,85
8	Pension plan accruals and contributions (include	550 051		005 404	200 -2
	section 401(k) and 403(b) employer contributions)	578,271.		205,481.	372,79
9	Other employee benefits	867,059.		339,565.	527,49
10	Payroll taxes	592,112.		215,105.	377,00
11	Fees for services (nonemployees):				
а	Management	04 130	6 011	76 100	1 04
b	Legal	84,138. 292,070.	6,911.	76,182. 292,070.	1,04
_	Accounting	292,070.	26,000.	292,070.	
d	, , , , , , , , , , , , , , , , , , , ,	26,000.	26,000.		
e	Professional fundraising services. See Part IV, line 17	1,520,576.		1,520,576.	
f	Investment management fees	1,320,370.		1,320,370.	
g	Other. (If line 11g amount exceeds 10% of line 25,	3,481,231.	3,246,463.	105,609.	129,15
••	column (A), amount, list line 11g expenses on Sch 0.)	686,074.	466,829.	41,571.	177,67
12	Advertising and promotion	2,590,224.	2,379,853.	79,791.	130,58
13	Office expenses	1,010,612.	220,568.	226,626.	563,41
14	Information technology	1,010,012.	220,300.	220,020.	303,11
15 16	Royalties	586,719.	143,095.	230,695.	212,92
10 17	Occupancy	2,349,361.	2,170,733.	121,614.	57,01
ı, 18	Travel Payments of travel or entertainment expenses	2,015,002.	2,270,700.		0.,02
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,727,571.	1,541,370.	77,276.	108,92
20	Interest	, , ,	, , ,	, ,	,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	193,354.	431.	156,755.	36,16
23	Insurance	261,292.	4,019.	149,809.	107,46
24	Other expenses. Itemize expenses not covered	·	·	·	·
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	UH AGREEMENTS	16,689,435.	16,689,435.		
b	REPAIRS/CONST - EQUIP/F	5,740,773.	5,737,847.	1,341.	1,58
c	DONOR DEVELOPMENT COSTS	1,819,818.	1,774,858.	15,135.	29,82
d	BAD DEBTS	216,046.	128,189.	87,857.	•
	All other expenses	739,282.	627,916.	22,719.	88,64
:5	Total functional expenses. Add lines 1 through 24e	68,484,452.	52,401,015.	7,364,409.	8,719,02
26	Joint costs. Complete this line only if the organization			·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

## Form 990 (2022) Part X | Balance Sheet

Part X		Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	ı	Cash - non-interest-bearing			52,507,049.	1	28,847,891
2		Savings and temporary cash investments			0.	2	
3		Pledges and grants receivable, net			77,288,600.	3	78,973,44
4		Accounts receivable, net			101.	4	22,20
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons	0.	5	
6	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)	0.	6	
တ္ 7	•	Notes and loans receivable, net			308,133.	7	78,91
Assets	3	Inventories for sale or use			0.	8	
₹   9					257,042.	9	535,41
10	)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	81,443,707.			
	b	Less: accumulated depreciation	10b	2,245,506.	30,278,746.	10c	79,198,20
11	I	Investments - publicly traded securities			226,705,855.	11	233,326,77
12	2	Investments - other securities. See Part IV, line	11	L	400,689,048.	12	437,824,23
13	3	Investments - program-related. See Part IV, line	e 11		0.	13	
14	ŀ	Intangible assets			0.	14	
15	5	Other assets. See Part IV, line 11			40,962,174.	15	34,715,02
16		Total assets. Add lines 1 through 15 (must eq			828,996,748.	16	893,522,10
17	,	Accounts payable and accrued expenses			8,045,938.	17	21,049,47
18	3	Grants payable		L	0.	18	
19		Deferred revenue			0.	19	
20	)	Tax-exempt bond liabilities			79,687,260.	20	79,609,34
21		Escrow or custodial account liability. Complete			0.	21	
ဖ္မ 22		Loans and other payables to any current or for					
┋		trustee, key employee, creator or founder, sub					
Liabilities N		controlled entity or family member of any of the			0.	22	
<b>-</b>   23		Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	0.	23	
24		Unsecured notes and loans payable to unrelate	-		0.	24	
25		Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X	24 440 455		00 505 05
		of Schedule D		·····	31,442,176.		29,797,370
26					119,175,374.	26	130,456,19
<u>س</u>		Organizations that follow FASB ASC 958, ch	eck her	e X			
ğ		and complete lines 27, 28, 32, and 33.			2 045 202		C 407 15
<u>m</u>   27		Net assets without donor restrictions			2,945,202.	27	6,497,158
<u>n</u> 28		Net assets with donor restrictions			706,876,172.	28	756,568,74
<u> </u>		Organizations that do not follow FASB ASC	958, che	eck here			
<u>-</u>		and complete lines 29 through 33.					
ပ္က 29		Capital stock or trust principal, or current fund				29	
8 30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 25 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32		Retained earnings, endowment, accumulated i			700 001 274	31	762 065 000
_ ı		Total net assets or fund balances			709,821,374.	32	763,065,905
33	3	Total liabilities and net assets/fund balances			828,996,748.	33	893,522,101 Form <b>990</b> (202

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			081,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		68,	484,	452.
3	Revenue less expenses. Subtract line 2 from line 1	3		54,	597,	090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		709,	821,	374.
5	Net unrealized gains (losses) on investments	5		-2,	344,	535.
6	Donated services and use of facilities	6			91,	976.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			900,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		763,	065,	905.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				-orm	990	(2022)

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#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

**Employer identification number** 

			SITY OF HAWAII						99-0085260	)
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.		
The o	organ	ization is not a private found								
1	Ŏ.	A church, convention of ch	urches. or associatio	n of churches described	lin <b>sectio</b>	n 170(b)(1	)(A)(i).			
2	一	A school described in <b>sect</b>					λ λ,			
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).			
4	Ħ	A medical research organiz					•	(iii). Enter	the hospital's	s name.
•		city, and state:	anon operated in co.	, amonomor man a moophan	4000111004	000110	(2)( .)()	(,: =	т. от тоор так	, , , , , ,
5	х	An organization operated for	or the benefit of a col	lege or university owner	l or operat	ed by a go	vernmental ur	it describe	ed in	
3		section 170(b)(1)(A)(iv). (C		loge of aniversity owner	or operat	ca by a go	verrimental al	iii desembe	5 <b>4</b> III	
6				antal unit described in	<del></del>	70/6//4// 8//	()			
6		A federal, state, or local gov	ū				• •		anda Caralla a a 20	1 %
7		An organization that norma	•	ntial part of its support if	om a gove	ernmentai t	unit or from th	e generai p	oublic descrit	ea in
_		section 170(b)(1)(A)(vi). (C								
8		A community trust describe			-					
9		An agricultural research org				-		-	_	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city,	, and state of t	the college	e or	
		university:								
10		An organization that norma	•					-		
		activities related to its exem								
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	ifter June 30,	1975.
		See section 509(a)(2). (Con	mplete Part III.)							
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to car	ry out the	purposes of o	one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r <b>section</b> :	509(a)(2).	See <b>section 5</b>	09(a)(3). (	Check the box	∢ on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а			anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting	
		organization. You must o	omplete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	e the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,	
		its supported organization	= : :					, ,		
d		Type III non-functionally						ted organiz	zation(s)	
		that is not functionally int						-		
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g	Prov	vide the following information	about the supporte	d organization(s).						
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amoun	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see i	nstructions)
	_						I		I	

### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	53,711,306.	63,320,456.	70,935,977.	140,729,663.	74,286,376.	402,983,778.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	265,816.	78,719.	82,376.	97,670.	103,567.	628,148.
4	Total. Add lines 1 through 3	53,977,122.	63,399,175.	71,018,353.	140,827,333.	74,389,943.	
5	The portion of total contributions	, ,	, ,		, ,	, ,	, , , , , , , , , , , , , , , , , , , ,
Ŭ	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
							64,895,874.
•							338,716,052.
	Public support. Subtract line 5 from line 4.						330,710,032.
	• • • • • • • • • • • • • • • • • • • •	(-) 0010	(h) 0010	/-) 0000	(-1) 0001	(-) 0000	(s) Total
	ndar year (or fiscal year beginning in)	(a) 2018 53,977,122.	<b>(b)</b> 2019 63,399,175.	(c) 2020 71,018,353.	(d) 2021 140,827,333.	(e) 2022 74,389,943.	(f) Total 403,611,926.
	Amounts from line 4	33,311,122.	03,399,173.	71,010,333.	140,027,333.	74,309,943.	403,011,920.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	5 566 450	6 000 015	6 600 060	6 051 500	6 460 685	21 060 425
	and income from similar sources	5,566,478.	6,298,215.	6,672,268.	6,071,799.	6,460,675.	31,069,435.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,070,382.	765,956.	162,188.	710,742.	2,061,185.	
11	<b>Total support.</b> Add lines 7 through 10						439,451,814.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	19,721,006.
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	77.08 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	75.19 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	rganization		
b	10% -facts-and-circumstances test	· ·	•				
	more, and if the organization meets th	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
				,, a, c. 110	,		(Form 990) 2022

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#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	etion A. Public Support	clow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not					,	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) = 3 · 3	(2) 20:0	(0) = 0 = 0	(4,) = 0 = 1	(0) = 0 = 0	(1) 1010.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	% 7 : t
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization	in did not check a	hox on line 14 19	a or 19h check th	ns hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
Sa		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
106		
le A (Forn	n 990)	2022

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	<i>y</i>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7			
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	atruation	, o l	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a			100	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	, , , , , , , , , , , , , , , , , , , ,	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	•			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а		3a		
<b>L</b>	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
O	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).	, ,		·

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions		•	Í	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
2	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
<del>-</del>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
7	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	UNIVERSITY OF HAWAII FOUNDATION	99-0085260	Page 8
Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lir	<b>Plation.</b> Provide the explanations required by Part II, line 10; Part II, line 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section less 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, lines and Part V, Section E, lines 2, 5, and 6. Also complete this part for an	B, lines 1 and 2; Part IV, Section a 1; Part V, Section B, line 1e; Part	C,
SCHEDULE A, PART II, LINE 10,	EXPLANATION FOR OTHER INCOME:		
FUNDRAISING			
2018 AMOUNT: \$ 1,070,382.			
2019 AMOUNT: \$ 765,956.			
2020 AMOUNT: \$ 162,188.			
2021 AMOUNT: \$ 710,742.			
2022 AMOUNT: \$ 2,061,185.			
PART-II LINE-10			
OTHER INCOME CONSISTS OF FUNDR	AISING EVENTS AND FEES,		
HONORARIA/SERVICES,			
ROYALTIES AND OTHER MISCELLANE	OUS INCOME.		

### Schedule B

**Schedule of Contributors** 

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

UNI	VERSITY OF HAWAII FOUNDATION	99-0085260
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
•	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	a See instructions
	(1), (o), or (10) organization our orient boxes for both the denotal ride and a openial ride	s. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (end) instead of the contributor name and address), II, and III.	entific,
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because it respectively, contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo. 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

UNIVERSITY OF HAWAII FOUNDATION

99-0085260

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	nal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
1		\$ 7,500,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)	- _ \$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
2	Name, audi ess, and Zir + 4	\$ 5,774,076. Person X Payroll Noncash (Complete Part II for noncash contributions.)	-
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
No. 3		Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)	-
(a)	(b)	(c) (d)	
No. 4	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)	-
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5	raumo, addi 000, ama En TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)	-
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
<b>No.</b> 6	Ivalile, audi ess, aliu ZIP + 4	Person X Payroll  Noncash (Complete Part II for noncash contributions.)	-

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

UNIVERSITY OF HAWAII FOUNDATION

99-0085260

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$, 1,950,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022) Page **3** 

Name of organization

Employer identification number

UNIVERSITY OF HAWAII FOUNDATION

99-0085260

Part II	Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		 \$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

Schedule B (Form 990) (2022)

Name of o	rganization		Employer identification number
UNIVERSI	TTY OF HAWAII FOUNDATION		99-0085260
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	through (e) and the following line enharitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfer of si	nift
	Transferee's name, address, ar	(e) Transfer of gi	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi	gift  Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
l			

#### SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	e of orga	nization			Em	ployer identification number
_			OF HAWAII FOUNDATION			99-0085260
Pa	rt I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2	Political		ation's direct and indirect politi ures gn activities			
Pa	rt I-B	Complete if the org	anization is exempt und	der section 501(c)(	3).	
1	Enter the	e amount of any excise tax	incurred by the organization un	nder section 4955		\$
2	Enter the	e amount of any excise tax	incurred by organization mana	gers under section 4955		\$
			n 4955 tax, did it file Form 4720			
4a	Was a co	orrection made?				Yes No
		describe in Part IV.				( ) ( )
	rt I-C∣		anization is exempt und			
		• •		· · · · · · · · · · · · · · · · · · ·	***************************************	\$
		0 0	ization's funds contributed to c	other organizations for se	ection 527	
						\$
			. Add lines 1 and 2. Enter here			
			1120-POL for this year?			
	made pa	yments. For each organiza	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	aid from the filing organiz	zation's funds. Also enter t	he amount of political
		•	additional space is needed, pro		•	are eeg, egarea rama er a
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

			WAII FOUNDATION			085260 Page <b>2</b>
Part II-A Complete if the org	anization	is exen	npt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).						
A Check if the filing organiza	tion belongs	to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar		, ,	. ,			
B Check if the filing organiza	tion checked	d box A ar	nd "limited control" pro	visions apply.	Γ	
	ts on Lobby ditures" mea		nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legis	slative boo	ly (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1	1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add lines	1c and 1d	)			
f Lobbying nontaxable amount. Ente	er the amour	nt from the	e following table in both	n columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of li	ne 1f)				
h Subtract line 1g from line 1a. If zer	o or less, en	ter -0				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze	ro on either l	ine 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	_					Yes No
			eraging Period Under			
(Some organizations th			01(n) election do not l ate instructions for lir	•	of the five columns b	elow.
	Lobby	ing Expe	nditures During 4-Yea ⊺	r Averaging Period	T	T
Calendar year (or fiscal year beginning in)	(a) 20	)19	<b>(b)</b> 2020	<b>(c)</b> 2021	( <b>d)</b> 2022	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

#### Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(b)
	e lobbying activity.	Yes	No	Α	mount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?	Х			26,000.
-	Total. Add lines 1c through 1i				26,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)( <del>(</del>	5), or s	section	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			section	
· u	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		ne 3. is
	answered "Yes."		(,		,
1	Dues, assessments and similar amounts from members			1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2	ła 💮	
b	Carryover from last year		2	?b	
С	Total		2	?c	
3				3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and process and process are considered to the reasonable estimate of nondeductible lobbying and process are considered to the reasonable estimate of nondeductible lobbying and process are considered to the reasonable estimate of nondeductible lobbying and process are considered to the reasonable estimate of nondeductible lobbying and process are considered to the reasonable estimate of nondeductible lobbying and process are considered to the reasonable estimate of nondeductible lobbying and process are considered to the reasonable estimate of nondeductible lobbying and process are considered to the reasonable estimate of nondeductible lobbying and process are considered to the reasonable estimate of the reasonable estimate of nondeductible lobbying and process are considered to the reasonable estimate of the reasonable estimate of the reasonable estimate of the reasonable estimate of the reasonable estimates are considered to the reasonable estimate				
_	expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions			4	
	t IV Supplemental Information			5	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict): Part II	Λ linos	1 and 2 (Sa	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	iisi, rait iis	A, III 165	i and 2 (Se	C
	DULE C PART II-B, LINE 1I				
	·				
COME	ENSATION PAID TO LOBBYIST FOR LEGISLATIVE AND/OR ADMINISTRATIVE ACTION				
IN T	HE FOLLOWING AREAS: CONSUMER PROTECTION & COMMERCE, EDUCATION,				
GOVE	RNMENT OPERATION & FINANCE, HAWAIIAN AFFAIRS, HEALTH, HUMAN SERVICES,				
AND	SCIENCE, TECHNOLOGY & ECONOMIC DEVELOPMENT.				

Schedule C (Form 990) 2022

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization

UNIVERSITY OF HAWAIT FOUNDATION

**Employer identification number** 

Pa	rt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Oomplete ii tile
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	writing that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor ac		
·	for charitable purposes and not for the benefit of the donor or		
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recreat	`	of a historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d			
			2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	, ,	
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	nents that describes the
Da	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
Га	Complete if the organization answered "Yes" on Form		thei Sillilai Assets.
			and halance sheet warks
ıa	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for pub		
	•	, ,	•
<b>h</b>	service, provide in Part XIII the text of the footnote to its finan		
b	, .		
	art, historical treasures, or other similar assets held for public	eximplion, education, or research in furt	riciance of public service,
	provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	asuras or other similar assets for financia	'
2	the following amounts required to be reported under FASB AS		ai gain, provide
а	Revenue included on Form 990, Part VIII, line 1		\$
а	Assets included in Form 990, Part X		

232051 09-01-22

Schedule D (Form 990) 2022

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Simil	ar Assets	(continu	r age — ied)
3	Using the organization's acquisition, accession						,	
	collection items (check all that apply):							
а	a Public exhibition d Loan or exchange program							
b	b Scholarly research e Other							
С	c Preservation for future generations							
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" or	n Form 99	90, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets not	included		_	
	on Form 990, Part X?					[	Yes	No
b	If "Yes," explain the arrangement in Part XIII				_			
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				<u>1e</u>			
f	Ending balance					<u> </u>	_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	istodial account liabi	ility?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years back	+` ′	e years back	· , ,	ears back
1a	Beginning of year balance	450,105,602.			<del> </del>	993,437.		39,892.
b	Contributions							
	Net investment earnings, gains, and losses	34,313,763.	-47,260,861.	135,117,678.	35,117,6786,053,358. 4,945,653.			
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	17,483,404.		12,892,231.		382,458.		31,262.
g	End of year balance	491,363,048.		483,639,756.	341,	690,144.	326,9	93,437.
2	Provide the estimated percentage of the curr	•		) held as:				
а	Board designated or quasi-endowment	31.7770	_%					
b	Permanent endowment 68.2230	%						
С		%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administered for t	he			/ N-
	organization by:							res No
	(i) Unrelated organizations						04(.)	X
	(ii) Related organizations						3a(ii)	X
	If "Yes" on line 3a(ii), are the related organiza						3b	
<u> </u>	4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o basis (investr		1 , ,	Accumula epreciatio	II.	(d) Book	value
1a	Land	···	5,330.				2,0	06,330.
	Buildings		9,656.		365	,770.	7,2	253,886.
С	Leasehold improvements	69	9,491.		67	,243.		2,248.
	Equipment	1,776	5,023.			,072.		27,951.
	Other 69,972,207. 64,421. 69,907,786.							
Total	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							
							D (Form	990) 2022

Part VII Investments - Other Securities
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line	12.
--	-----

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DOMESTIC EQUITY	65,750,097.	END-OF-YEAR MARKET VALUE
(B) INTERNATIONAL EQUITY	108,459,190.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	172,281,275.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY SECURITIES	63,244,404.	END-OF-YEAR MARKET VALUE
(E) NATURAL RESOURCE/REAL ESTATE	28,089,264.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	437,824,230.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(a) Description of investment	(b) book value	(c) Method of Valuation. Cost of end-or-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form QQQ Part Y col. (R) line 13.)		

## Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13. Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

#### Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AMOUNTS HELD FOR OTHERS	3,386,287.
(3) BOND PAYABLE	13,256,262.
(4) PAYROLL TAXES & BENEFITS	1,011,932.
(5) OTHER LIABILITIES	603,654.
(6) SPLIT-INTEREST AGREEMENTS	11,539,235.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	29,797,370.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

Sched	ule D (Form 990) 2022 UNIVERSITY OF HAWAII FOUNDATION			99-008526	60 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	121,322,690.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	-2,344,535.		
	Donated services and use of facilities		195,542.		
	Recoveries of prior year grants		,		
	Other (Describe in Part XIII.)	1	1,890,717.		
	Add lines <b>2a</b> through <b>2d</b>			2e	-258,276.
	Subtract line <b>2e</b> from line <b>1</b>				121,580,966.
	Amounts included on Form 990. Part VIII. line 12. but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,500,576.		
	Other (Describe in Part XIII.)				
				4c	1,500,576.
	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 12.)			<del>                                     </del>	123,081,542.
Par	XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per R		
1 0.11	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
_				1	68,078,159.
	Total expenses and losses per audited financial statements				00,070,133.
	, ,	ا مو ا	103,566.		
	Donated services and use of facilities		103,300.		
	Prior year adjustments				
	Other losses		990,717.		
	Other (Describe in Part XIII.)				1 004 202
	Add lines 2a through 2d			2e	1,094,283.
	Subtract line 2e from line 1			3	66,983,876.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	1 500 576		
	Investment expenses not included on Form 990, Part VIII, line 7b		1,500,576.		
	Other (Describe in Part XIII.)				1 500 576
	Add lines 4a and 4b			4c	1,500,576.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,) EXIII Supplemental Information.			5	00,404,432.
		N/ lines 4 ln s	and Ohy Davit V. Jima 4	Dort V. line C	Ded VI
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			, Part A, line 2	i, Part Ai,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
РАВТ	V, LINE 4:				
	7, 11111 1.				
THE I	ENDOWMENT SUPPORTS UNIVERSITY OF HAWAII STUDENTS, PROGRAMS AND	)			
RESE	ARCH. FUNDS SUPPORT SCHOLARSHIPS AND STUDENT AWARDS, FELLOWSHI	PS			
	,				
FACUI	TY AND LECTURESHIPS. ENDOWMENTS ALSO FUND FACILITY IMPROVEMEN	ITS			
		,			
INNO	VATIVE RESEARCH AND A WEALTH OF PROGRAMS THAT ENRICH OUR STUDE	NTS'			
EDUC	ATIONAL EXPERIENCE. THE ENDOWMENTS ALSO PROVIDE VALUE TO OUR E	ROADER			
COMM	NITY BY SUPPORTING THE ARTS, LIBRARIES, ATHLETICS, AND A RANG	E OF			
	,				
LIFE	ONG LEARNING OPPORTUNITIES.				
PART	X, LINE 2:				
ጥμε ነ	OUNDATION IS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER SEC	יידר∩וז			
11111	CONDITION TO IM CHAIMIDATION BARRII FROM INCOME THE UNDER SEC				
501(	C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY NOT SUBJEC	T TO			

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** UNIVERSITY OF HAWAII FOUNDATION 99-0085260 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN INVESTMENTS 54,512,402. 0 0 54,512,402. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a 54,512,402. and 3b)

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

Schedule F (Form 990) 2022

Part II

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga	inization by the IRS, o	or for which the grantee	recognized as charities by the sor counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			
exempt 501(c)(3) orga	inization by the IRS, o	or for which the grantee		tion 501(c)(3) equ	uivalency letter			

Schedule F (Form 990) 2022 U.	NIVERSITY OF HAWAI	I FOUNDATION		99	9-0085260		Page 3
Part III Grants and Other Assistance	ce to Individuals Outside	e the United Sta	tes. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is needed				_		,
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV	Foreign	Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

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

#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

vame of the organization UNIVERSITY	OF HAWAII FOUNDATION					99-008526	ntification number 0
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17	'. Form 990-EZ	filers are not
required to complete this part  Indicate whether the organization rais  Mail solicitations  Internet and email solicitations  Phone solicitations  In-person solicitations	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total  3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from req	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

Pa	rt I	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			L			(add col. (a) through
				FUNDRAISER	48	col. <b>(c)</b> )
ě			(event type)	(event type)	(total number)	
Revenue	_		390 193	370 775	2 154 068	2 905 026
Re	1	Gross receipts	380,183.	370,775.	2,154,068.	2,905,026.
	2	Less: Contributions	308,315.	283,815.	1,133,853.	1,725,983.
	_	Less. Contributions			_,,	_,,
	3	Gross income (line 1 minus line 2)	71,868.	86,960.	1,020,215.	1,179,043.
	4	Cash prizes				
S	5	Noncash prizes				
nse	6	Rent/facility costs				
xpe	U	Trend acting costs				
Direct Expenses	7	Food and beverages				
Dire		•				
	8	Entertainment				
	9	Other direct expenses	17,143.	92,524.	732,502.	842,169.
	10	,				842,169.
Pa		Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization a		000 Part IV line 10 or		336,874.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	1990, Fait IV, line 19, 01	reported more triair	
		,	(-) D'	(b) Pull tabs/instant	(-) (0)	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve!						
	1	Gross revenue				
ses	2	Cash prizes				
Sens	3	Noncash prizes				
Jirect Expenses	Ŭ	Trefrieden prizee				
rect	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %			
	6	Volunteer labor	L No	L No	L No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	Direct expense carimary. And intel 2 timeagn	10 m 00 am (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_	_		
		he organization licensed to conduct gaming ac		states?		Yes No
D	IT "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No
		Yes," explain:				
	_					
	_					
23208	32 10	-27-22			Sche	dule G (Form 990) 2022

Sch	edule G (Form 990) 2022 UNIVERSITY OF HAWAII FOUNDATION	99-00	85260	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:		i	
	The organization's facility		13a	<u>%</u>
	An outside facility	l	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	N.			
	Name			
	Address			
	Address			
<b>1</b> 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
.00	- 2000 the digamization have a contract with a time party from whom the digamization received garning revenue:			
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt		
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming manager companyation			
	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?		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne		
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and			01 401
га		id Part	III, lines 9, 9	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
				_

Schedule 6	(Form 990) UNIVERSITY OF HAWAII FOUNDATION	99-0085260	Page 4
Part IV	(Form 990) UNIVERSITY OF HAWAII FOUNDATION  Supplemental Information (continued)		
	· · (continued)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
UNIVERSITY OF		TION					99-0085260
Part I General Information on Grants a							
1 Does the organization maintain records t							
criteria used to award the grants or assis	tance?						Yes No
2 Describe in Part IV the organization's pro						/ F 000 D	IV Pag Of favore
Part II Grants and Other Assistance to I recipient that received more than \$					janization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HAWAII							UNIVERSITY SUPPORT,
2500 CAMPUS RD							RESEARCH, SCHOLARSHIP,
HONOLULU, HI 96822	99-6000354		14,824,909.	0.	BOOK VALUE		AND AWARDS.
							GRANT TO IMPLEMENT AND
ADULT FRIENDS FOR YOUTH							ADAPT STRATEGIES, TOOLS,
3375 KOAPAKA ST. #B290							AND METRICS THAT BUILD
HONOLULU, HI 96819	99-0254581		25,000.	0.	BOOK VALUE		AND STRENGTHEN STUDENTS'
AHIKI ACRES LLC 3562 WAIALAE AVE. STE. 301	04.0550512		05.000				MATCHING GRANT TO SUPPORT
HONOLULU, HI 96816	84-2560713		25,000.	0.	BOOK VALUE		EXPAND FARMING OPERATIONS
BIG TREE FARM LLC 67-190 KANOULU ST. WAIALUA, HI 96791	87-2801656		25,000.	0.	BOOK VALUE		MATCHING GRANT TO SUPPORT SMALL FARMERS TO START OR EXPAND FARMING OPERATIONS
CENTER FOR TOMORROW'S LEADERS 677 ALA MOANA BLVD. SUITE 1100 HONOLULU, HI 96813	46-3490591		25,000.	0.	BOOK VALUE		GRANT TO IMPLEMENT AND ADAPT STRATEGIES, TOOLS, AND METRICS THAT BUILD AND STRENGTHEN STUDENTS'
GOALL LLC 739 HAUSTEN ST. APT 504 HONOLULU, HI 96826	92-2238394		15,500.	0.	BOOK VALUE		ENTREPRENEURSHIP AND STARTUP AWARDS
2 Enter total number of section 501(c)(3) ar	-		e line 1 table				
3 Enter total number of other organizations	s listed in the line 1	table					

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other A	455istance to Don	lestic Organizations	and Domestic Go	verninents (och	eddie i (i oiiii 990), i a		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							GRANT TO IMPLEMENT AND
HAWAII WORKFORCE PIPELINE INC.							ADAPT STRATEGIES, TOOLS,
726 KALOLINA PLACE							AND METRICS THAT BUILD
KAILUA, HI 96734	85-1664697		25,000.	0.	BOOK VALUE		AND STRENGTHEN STUDENTS'
							GRANT TO IMPLEMENT AND
KUPU							ADAPT STRATEGIES, TOOLS,
677 ALA MOANA BLVD. SUITE 1200							AND METRICS THAT BUILD
HONOLULU, HI 96813	51-0652665		25,000.	0.	BOOK VALUE		AND STRENGTHEN STUDENTS'
OLD KOLOA REGENERATIVE FARM							MATCHING GRANT TO SUPPOR
2999 ROSIE BUKOSKI CTR. UNIT 204							SMALL FARMERS TO START O
	07-5760274		25,000.	0	BOOK VALUE		EXPAND FARMING OPERATION
КОГОА, НІ 96756	07-3700274		25,000.	0.	BOOK VALUE		AWARD PAYMENT FOR CASH
CMAME OF HAWATT DEDM OF EDHOAMTON							
STATE OF HAWAII DEPT OF EDUCATION							FOR COLLEGE 808 CHALLENG
1390 MILLER ST.			12 222				WHICH HAS A GOAL OF
HONOLULU, HI 96813	99-0266482		13,300.	0.	BOOK VALUE		INCREASING THE FAFSA
							GRANT TO SUPPORT HIDOE
STATE OF HAWAII DEPT OF EDUCATION							SCHOOLS AND STUDENTS TO
1390 MILLER ST.							STRENGTHEN THE EDUCATION
HONOLULU, HI 96813	99-0266482		258,300.	0.	BOOK VALUE		PIPELINE AND ASSIST WITH

Schedule I (Form 990) 2022 UNIVERSITY OF HAWAII FO		99-0085260	Page 2			
Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
SCHOLARSHIPS & GRANTS, INCL. STIPENDS & TRVL AWRDS	1167	1,947,482.	0.	BOOK VALUE		
Part IV   Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
UHF HAS POLICIES IN PLACE FOR PROVIDING GRANT FUNDS	TO STUDENTS	IN THE FORM				
OF SCHOLARSHIPS, TRAVEL GRANTS AND AWARDS. GENERALL	Y, SCHOLARSE	HIP AND				
FELLOWSHIP PAYMENTS SPECIFICALLY INTENDED TO COVER	ITEMS RELATE	ED TO COST OF				
ATTENDANCE ARE PROCESSED THROUGH THE UH'S SYSTEM. U	HF WILL PAY	SCHOLARSHIPS				
AND FELLOWSHIPS TO STUDENTS DIRECTLY IN RELATION TO	TRAVEL, MAT	PERIALS				
AND/OR RESEARCH. ALL PAYMENT REQUESTS MUST COMPLY W	ITH UHF'S AC	CCOUNT				
ADMINISTRATION POLICY IN ORDER TO BE PROCESSED.						

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT HIDOE SCHOOLS AND

Schedule I (Form 990)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

99-0085260

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

UNIVERSITY OF HAWAII FOUNDATION

Employer identification number

Pa	art I   Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III 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 indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		1b	х	
2	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  Independent compensation consultant  Tompensation survey or study  Form 990 of other organizations  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?			
		2	х	
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а		4a		х
b				Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		Х
	Any related organization?			Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	<u>6a</u>		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	J-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TIM DOLAN	(i)	449,187.	100,000.	804.	65,400.	22,182.	637,573.	47,450.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN HAN	(i)	246,057.	25,000.	430.	39,763.	16,224.	327,474.	39,643.
COO/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KARLA ZARATE-RAMIREZ	(i)	203,346.	0.	0.	28,930.	13,290.	245,566.	22,918.
ASSOCIATE VP - MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINE KOO	(i)	179,334.	0.	187.	41,414.	14,127.	235,062.	36,473.
ASST TREASURER/ASSOCIATE VP	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ALLISON OHANIAN	(i)	185,151.	0.	0.	20,905.	12,206.	218,262.	11,543.
SENIOR EXECUTIVE DIRECTOR OF E	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARGOT SCHRIRE	(i)	146,071.	0.	0.	42,836.	13,941.	202,848.	0.
ASSOC VP OF COMMUNICATIONS AND	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIE INOUYE	(i)	166,016.	0.	0.	18,483.	13,198.	197,697.	19,863.
EXEC DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KRISTI BATES	(i)	142,607.	0.	0.	30,794.	10,730.	184,131.	39,593.
EXEC DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MEREDITH YORO	(i)	132,192.	0.	162.	33,719.	11,516.	177,589.	0.
EXEC DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MAILE AU	(i)	137,180.	0.	187.	14,370.	12,981.	164,718.	0.
SENIOR EXECUTIVE DIRECTOR OF A	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JUDY NAGAI	(i)	111,539.	25,000.	0.	16,744.	7,260.	160,543.	0.
SENIOR EXECUTIVE DIRECTOR OF C	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
PRIVATE BUSINESS CLUB MEMBERSHIP IS PROVIDED TO THE PRESIDENT AND CERTAIN
STAFF FOR BUSINESS USE.
PART I, LINE 5:
AN INCENTIVE PROGRAM IS IN PLACE FOR KEY INDIVIDUALS. IT IS BASED ON
QUANTITIVE AND QUALITATIVE FACTORS. ONE OF SEVERAL QUANTITATIVE FACTORS IS
FUNDS RAISED.
PART I, LINE 6:
AN INCENTIVE PROGRAM IS IN PLACE FOR KEY INDIVIDUALS. IT IS BASED ON
QUANTITIVE AND QUALITATIVE FACTORS. ONE OF SEVERAL QUANTITATIVE FACTORS IS
FUNDS RAISED AND NET OPERATING RESULTS.

#### SCHEDULE K (Form 990)

Part I

Department of the Treasury
Internal Revenue Service

#### **Supplemental Information on Tax-Exempt Bonds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

Name of the organization

**Bond Issues** 

UNIVERSITY OF HAWAII FOUNDATION Employer identification number 99-0085260

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	d (e) Issu	e price	(f) Descript	ion of purpose	(g) De	feased	eased <b>(h)</b> On behalf of issuer		(i) Po	
								Yes	No	Yes	No	Yes	No
						CONSTRUCTION	N OF NEW						
A PUBLIC FINANCE AUTHORITY	27-3866124	74439YEA5	11/30/21	77,7	05,000.	STUDENT HOUS	SING		х		Х		Х
В													
С													
D													
Part II Proceeds													
				A		В	С		D				
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue			8.	2,434,390.									
4 Gross proceeds in reserve funds	ross proceeds in reserve funds			3,301,950.									
5 Capitalized interest from proceeds				5,663,930.									
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				644,120.									
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceed	ds			936,955.									
10 Capital expenditures from proceeds			5	3,276,159.									
11 Other spent proceeds													
12 Other unspent proceeds			1	8,611,277.									
13 Year of substantial completion				2023									
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refund	ing issue of tax-exempt	bonds (or,											
if issued prior to 2018, a current refunding	issue)?			Х									
15 Were the bonds issued as part of a refund	~	• •											
issued prior to 2018, an advance refunding	g issue)?	<u></u>		Х									
16 Has the final allocation of proceeds been r	made?			Х									
17 Does the organization maintain adequate b	books and records to su	ipport the											
final allocation of proceeds?			Х										

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 UNIVERSITY OF HAWAII FOUNDATION 99-0085260 Page 2

Part III Private Business Use

Par	t III Private Business Use									
			Ą		E	3		Ç		)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No		Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?	Х								
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		Х							
За	Are there any management or service contracts that may result in private									
	business use of bond-financed property?		Х							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business use of									
	bond-financed property?		Х							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	outside counsel to review any 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 section 501(c)(3) organization or a state or local government		.00	%		%		%		%
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 section 501(c)(3) organization, or a state or local government		.00	%		%		%		%
6	Total of lines 4 and 5		.00	%		%	%			
7	Does the bond issue meet the private security or payment test?		Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		Х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		•							
	disposed of			%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
	sections 1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all									
	nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2?	Х								
Par	t IV Arbitrage									
			Ą		E	3		0		)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No		Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?	Х								
b	Exception to rebate?		Х							
С	No rebate due?		Х							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
3	Is the bond issue a variable rate issue?		Х							

Schedule K (Form 990) 2022 UNIVERSITY OF HAWAII FOUNDATION 99-0085260 Page 3

Part IV Arbitrage (continued)									
	ı	Α	I	В		С	Γ	D	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?		Х							
<b>b</b> Name of provider									
c Term of hedge									
d Was the hedge superintegrated?									
e Was the hedge terminated?									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х							
<b>b</b> Name of provider									
c Term of GIC									
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		Х							
7 Has the organization established written procedures to monitor the									
requirements of section 148?	Х								
Part V Procedures To Undertake Corrective Action									
	ı	Α	I	В		С	D		
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under									
applicable regulations?	Х								
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instr	uctions.						
SCHEDULE K, PART II, LINE 3									
SCHEDULE K, PART II, LINE 3 IS DIFFERENT FROM COLUMN (E) DUE TO									
PROCEEDS BEING HIGHER THAN ISSUE PRICE DUE TO BOND PREMIUM									
SCHEDULE K, PART II, LINE 5									
SCHEDULE K, PART II, LINE 5 DOESN'T MATCH FORM 8038 SINCE AMOUNTS FOR									
CAPITALIZED INTEREST PAID WAS NOT KNOWN AT THE TIME FORM 8038 WAS FILED									
SCHEDULE K, PART II, LINE 7									
SCHEDULE K, PART II, LINE 7 DOESN'T MATCH FORM 8038 SINCE ACTUAL COSTS									
OF ISSUANCE WAS LESS THAN ESTIMATED ON FORM 8038									
SCHEDULE K, PART II, LINE 9									
SCHEDULE K, PART II, LINE 9 DOESN'T MATCH FORM 8038 SINCE AMOUNTS FOR									
WORKING CAPITAL EXPENDITURES WAS NOT KNOWN AT THE TIME FORM 8038 WAS									
FILED									
SCHEDULE K, PART II, LINE 10									
SCHEDULE K, PART II, LINE 10 DOESN'T MATCH FORM 8038 SINCE AMOUNTS FOR									
CAPITAL EXPENDITURES WAS NOT KNOWN AT THE TIME FORM 8038 WAS FILED			·			·	·		

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

**Employer identification number** 99-0085260

UNIVERSITY OF HAWAII FOUNDATION Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 3,000.FMV Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 350. FMV Х 4 Х 3,370.FMV Clothing and household goods 5 Cars and other vehicles 6 Х 4 48,371.FMV Boats and planes 7 Intellectual property 8 2,573,804.FMV Securities - Publicly traded ..... Х 58 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or 11 Х 2,109,572.FMV trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Х 8,930.FMV 18 Collectibles Food inventory 19 Drugs and medical supplies ..... X 3,381.FMV 20 Taxidermy 21 Historical artifacts 22 Scientific specimens ..... 23 Archeological artifacts 24 ( FURNITURE Х 140,800.FMV 25 Other 42,184.FMV TOOLS AND EQUIP Х 16 Other 26 Х 2 2,850, FMV TICKETS 27 Other GIFT CARDS 2,475.FMV 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

Employer identification number 99-0085260

PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PHILANTHROPHIC SUPPORT AND MANAGING INVESTMENTS TO BENEFIT UH. PEOPLE OF HAWAII'S AND OUR FUTURE GENERATIONS. FORM 990, PART III, LINE 1 THE UNIVERSITY OF HAWAI'I FOUNDATION (UHF) WAS ESTABLISHED IN 1955 TO ENCOURAGE PRIVATE SUPPORT FOR UH. TODAY IT IS THE CENTRAL FUNDRAISING ORGANIZATION FOR THE UH SYSTEM, PROVIDING PROFESSIONAL FUNDRAISING AND ALUMNI ENGAGEMENT SERVICES TO ALL 10 UH CAMPUSES. TO DATE, NONPROFIT UHF HAS RAISED MORE THAN \$1 BILLION TO SUPPORT UH. THE FUNDS RAISED ARE CRITICAL FOR SUPPORTING THE EDUCATIONAL MISSION OF UH. OF THE LARGEST DRIVERS OF HAWAI'I'S ECONOMY. THIS PRIVATE SUPPORT FUNDS SCHOLARSHIPS TO BUILD HAWAI'I'S FUTURE WORKFORCE, HELPS ATTRACT TOP FACULTY TALENT. AND FUELS WORLD-CLASS RESEARCH AND FACILITIES. UHF HAS A NUMBER OF SPECIALISTS ON STAFF TO PROVIDE COMPREHENSIVE FUNDRAISING AND ALUMNI ENGAGEMENT SERVICES. EXPERTISE AREAS INCLUDE MAJOR GIFTS, CORPORATE AND FOUNDATION GIVING, ANNUAL GIVING, DONOR STEWARDSHIP, CHARITABLE TAX AND ESTATE AND GIFT PLANNING UHF ALSO MANAGES AN ENDOWMENT OF MORE THAN \$495 MILLION THAT DISTRIBUTES MORE THAN \$15 MILLION IN AID TO STUDENTS ACROSS 10 UH SYSTEM CAMPUSES EACH YEAR. GENEROUS GIFTS FROM DONORS AND A DISCIPLINED FOCUS ON INVESTMENT STRATEGIES AND OPPORTUNITIES HELP THE ENDOWMENT GROW OVER THE LONG TERM. PROVIDING SUPPORT FOR UNIVERSITY OF HAWAI'I PROGRAMS AND PRIORITIES INTO THE FUTURE. THE TEAM ALSO MANAGES

57

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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232211 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization UNIVERSITY OF HAWAII FOUNDATION 99-0085260 INVESTMENTS RELATED TO PLANNED GIVING, INCLUDING CHARITABLE GIFT ANNUITIES AND CHARITABLE REMAINDER TRUSTS. THE FISCAL SERVICES UHF PROVIDES INCLUDE PROCESSING, ADMINISTERING AND MANAGING FUNDS FROM GIFTS FOR THE BENEFIT OF UH UNITS AND CAMPUSES. THE TEAM ALSO ESTABLISHES NEW ACCOUNTS AND MAINTAINS MORE THAN 7,000 SEPARATE DONOR ACCOUNTS FOR UH. THE ALUMNI ENGAGEMENT TEAM IS FOCUSED ON PROVIDING LIFELONG VALUE TO OUR 330,000 + ALUMNI, WHILE ALSO ADVANCING THE UNIVERSITY'S PRIORITIES INCLUDING GROWING STUDENT ENROLLMENT AND SUPPORTING STUDENT RETENTION. BY PARTNERING CLOSELY WITH UH CAMPUS LEADERSHIP, SCHOOLS AND DEPARTMENTS, AND LOCAL AND REGIONAL ALUMNI GROUPS, THE TEAM DEVELOPS MEANINGFUL PROGRAMS THAT SUPPORT THE UH ALUMNI COMMUNITY, BUILD PRIDE, NURTURE LIFE-LONG LEARNING AND STRENGTHEN AND SUSTAIN RELATIONSHIPS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WORLD-CLASS OPPORTUNITIES AND FACILITIES TO HAWAI'I STUDENTS. DONOR FUNDS MAKE IT POSSIBLE FOR OUR PUBLIC UNIVERSITY TO BRING DISTINGUISHED VISITING LECTURERS AND RESEARCHERS TO OUR CAMPUSES. EXAMPLES INCLUDE BRINGING SOME OF THE WORLD'S MOST HIGHLY REGARDED CANCER RESEARCHERS TO WORK COLLABORATIVELY IN OUR RESEARCH LABORATORIES WITH UH SCIENTISTS. WHILE THEY ARE HERE, THE PROMINENT RESEARCHERS

INCLUDING NOBEL LAUREATES, DELIVER A MAJOR LECTURE AT THE UNIVERSITY OF

HAWAI'I CANCER CENTER. PRIVATE SUPPORT FUNDS THIS EXTRAORDINARY

OPPORTUNITY FOR UH FACULTY, STUDENTS AND STAFF, TO MEET AND INTERACT

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization UNIVERSITY OF HAWAII FOUNDATION 99-0085260 WITH SOME OF THE MOST PROMINENT SCIENTISTS WHOSE WORK HAS SAVED MANY LIVES AND ESTABLISH RESEARCH COLLABORATIONS WITH THEM. OTHER DISTINGUISHED LECTURE SERIES SUPPORT HAWAI'I DIALOGUE WITH THE REST OF THE WORLD IN AREAS INCLUDING LOCAL ENTREPRENEURSHIP INTERNATIONAL WOMEN'S LEADERSHIP, GLOBAL TECHNOLOGY, THE INTEGRATION OF SCIENCE AND CULTURE, AND INDIGENOUS LANGUAGE/CULTURAL ISSUES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES EXPENSES \$ 16,667,060. INCLUDING GRANTS OF \$ 890,481. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES HAVE FAMILY OR BUSINESS RELATIONSHIPS WITH ANOTHER DUE TO THE NATURE OF BUSINESS IN HAWAII. RELATIONSHIPS WERE IDENTIFIED AS PART OF AN ANNUAL QUESTIONNAIRE AND TRANSACTIONS OCCURRED IN THE ORDINARY COURSE OF BUSINESS ON TERMS OFFERED TO THE PUBLIC. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY KPMG LLP AND REVIEWED BY UHF'S CONTROLLER, CFO AND SENIOR EXECUTIVE DIRECTOR OF COMMUNICATIONS BEFORE PRESENTATION OF A FINAL DRAFT TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. UPON APPROVAL, THE FINAL RETURN IS FILED AND SIGNED OFF ELECTRONICALLY BY THE CFO. THE FORM 990 IS AVAILABLE ON WWW.GUIDESTAR.ORG AND ON UHF'S WEBSITE, AS WELL AS UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 12C:

Schedule O (Form 990) 2022 Page **2** 

Name of the organization  UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
UHF HAS A CONFLICT OF INTEREST POLICY FOR EMPLOYEES AND A SEPARATE FORM FOR	
TRUSTEES. IN ACCORDANCE WITH BOTH POLICIES, ALL EMPLOYEES AND TRUSTEES ARE	
REQUIRED TO COMPLETE AND CERTIFY AN "ANNUAL CONFLICT OF INTEREST FORM" AT	
THE BEGINNING OF THE FISCAL YEAR. THE INFORMATION COMPILED BY THE CFO AND	
CONTROLLER. ANY POTENTIAL CONFLICTS WITH REGARD TO TRUSTEES ARE BROUGHT TO	
THE ATTENTION OF THE VP OF ADMINISTRATION/CFO AND PRESIDENT, AND BROUGHT TO	
THE BOARD OF TRUSTEE'S AUDIT COMMITTEE TO APPROVE OR DISAPPROVE THE	
CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUALLY, UHF BENCHMARKS THE SALARIES OF THE PRESIDENT/CHIEF EXECUTIVE	
OFFICER, CFO, AND VP/COO AT OTHER INSTITUTIONALLY RELATED FOUNDATIONS	
NATIONWIDE, AS WELL AS NONPROFITS WITHIN THE STATE OF HAWAII. THIS IS DONE	
THROUGH RESEARCH OF 990S AND THROUGH SALARY SURVEYS OF VARIOUS PROFESSIONAL	
ORGANIZATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES USES THIS	
DATA IN CONJUNCTION WITH AN ASSESSMENT OF INDIVIDUAL JOB PERFORMANCE TO	
DETERMINE THE APPROPRIATE COMPENSATION ADJUSTMENTS FOR THE PRESIDENT/CEO	
AND VICE PRESIDENTS OF THE ORGANIZATION. THE DOCUMENTATION OF THESE	
DECISIONS IS PROVIDED TO AND FILED WITH THE HUMAN RESOURCES DEPARTMENT.	
LAST COMPENSATION STUDY/REVIEW WAS SEPTEMBER 2022.	
FORM 990, PART VI, SECTION C, LINE 19:	
UHF HAS A PUBLIC INFORMATION POLICY. THIS POLICY SETS OUT THE PRACTICES OF	
UHF REGARDING DISCLOSURE OF INFORMATION AND DESCRIBES THE EXTENT AND NATURE	
OF THOSE MATERIALS WHICH WILL BE MADE AVAILABLE TO THE PUBLIC. UHF PROVIDES	
ACCESS TO THE FOLLOWING DOCUMENTS ON ITS WEBSITE. FORM 990 TAX RETURN FOR	
THE PREVIOUS THREE YEARS, IRS TAX DETERMINATION LETTER, ARTICLES OF	
INCORPORATION, ANNUAL REPORT. THE FORM 990 TAX RETURN MAY ALSO BE VIEWED ON	

Schedule O (Form 990) 2022	Page 2
Name of the organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
GUIDESTAR. ALSO AVAILABLE ON THE WEBSITE IS A LISTING OF UHF'S BOARD OF	
TRUSTEES AND UHF STAFF. THE CONFLICT OF INTEREST POLICY AND OTHER GOVERNING	
DOCUMENTS OUTLINED IN THE PUBLIC INFORMATION POLICY THAT ARE NOT ON THE	
WEBSITE ARE AVAILABLE UPON REQUEST.	
	_
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
REALIZED GAIN/(LOSS) ADJUSTMENT AHO 900,000.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule R (Form 990) 2022

99-0085260

Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes"	on Form 990, Part IV, line 33						
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incor	me End-of-year	<b>I</b>	<b>(f)</b> Direct controlli entity		9
UHF ATHERTON STUDENT HOUSING LLC								
1810 UNIVERSITY AVENUE, SUITE 300								
HONOLULU, HI 96822	REAL ESTATE	HAWAII	842,	938. 8,16	7,770.UHF	OUNDATION		
UHF RISE STUDENT HOUSING LLC								
1810 UNIVERSITY AVENUE, SUITE 300								
HONOLULU, HI 96822	REAL ESTATE	HAWAII	29,	346. 115,50	8,799. UHF	OUNDATION		
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.  (a)  Name, address, and EIN	tions. Complete if the organization a  (b)  Primary activity	answered "Yes" on Form 990,  (c)  Legal domicile (state or	Part IV, line 34, b  (d)  Exempt Code	Section Section				
of related organization		foreign country)	section	status (if section	ent			rolled ity?
				501(c)(3))			Yes	No
	_							
	_							

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David III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, be	cause it had one or more related
	organizations treated as a partnership during the tax year.			, ,	

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
											+

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)						Yes	No
	_								
CHARITABLE REMAINDER TRUST (43)	TRUST	HI	UHF					х	
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art V	Transactions With Related Organizations.	Complete if the organization answered "	Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							No		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·			1a		Х		
b	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c		Х		
	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х		
					10		Х		
р	p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved				
<u>(1)</u>									
(2)									
(3)									
(4)									
(4)									
(5)									

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	General manage partner	(k) Percentage ownership
			,	100 110		100	140		
									000) 0000

232165 09-14-22 Schedule R (Form 990) 2022