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Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

Inspection

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

Open to Public

OMB No 1545-0047

<u> </u>	\ Fc	r the 2	011 calendar year, or tax year beginning	and	ending				
E	3 Ch	eck if olicable	C Name of organization UNIVERSITY OF GUAM			D Employer identifi	cation number		
		Address		INC					
	$\overline{}$	change Name	ENDOWMENT FOUNDATION	INC		66 0	457233		
	$\overline{}$	change Initial	Doing Business As	alumand to atmost additional	D / 1-				
	$\Box$	return Termin- ated	Number and street (or P.O. box if mail is not did UOG STATION POST OFFICE	, ,	Room/suite	E Telephone number 671-735-2956			
		Amended return				G Gross receipts \$	1,446,332.		
	$\Box$	Applica- tion	MANGILAO, GU 96923			H(a) is this a group re			
		pending	F Name and address of principal officer:MAI	RK B. MENDIOLA		for affiliates?	Yes X No		
			SAME AS C ABOVE			H(b) Are all affiliates inc			
_	l Ta	x-exen	pt status: X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1)	or 527	7 ' '	list (see instructions)		
_			► WWW.UOGFOUNDATION.ORG			H(c) Group exemptio	•		
			·	Association Other >	L Year		A State of legal domicile: GU		
	Par		ummary				<u> </u>		
_		1 Br	efly describe the organization's mission or mos	st significant activities: TO F	OSTER	AND PROMOTE	THE		
	Activities & Governance		ROWTH, PROGRESS AND GENI						
	ra L		eck this box 🕨 🔲 if the organization disc						
	S		imber of voting members of the governing body			3	9		
	Ğ		imber of independent voting members of the gi		-     -     -	4	9		
	8		tal number of individuals employed in calendar			5	4		
	iĝ		tal number of volunteers (estimate if necessary	• • •		6	30		
$\mathfrak{Z}$	훙		tal unrelated business revenue from Part VIII, c	·			0.		
2013	<b>آ</b> ک		t unrelated business taxable income from Forn			. 7a	0.		
~			t difference becomes taxable incerne from Form	1000 1, 11110 04		Prior Year	Current Year		
~~		8 C	entributions and grants (Part VIII, line 1h)			344,473.	443,312.		
Ф	Revenue		ogram service revenue (Part VIII, line 2g)	•	" ·	0.	0.		
FEB	ē		restment income (Part VIII, column (A), lines 3,		•	570,401.	444,459.		
т_	<u>۾</u> ا		her revenue (Part VIII, column (A), lines 5, 6d, 8			-76,094.	20,621.		
Ω			tal revenue - add lines 8 through 11 (must equa		·	838,780.			
SCANNED	$\neg +$		ants and similar amounts paid (Part IX, column		-	260,588.	908,392.		
Z					••	200,588.	215,239.		
	- 1	14 Benefits paid to or for members (Partix column) 15 Salaries, other compensation, employee benefits				144,570.	183,342.		
Š	8		ofessional fundraising fees (Part IX, column (A),	lung 11s)  Ø		144,570.			
	Expen	h To	tal fundraising expanses (Part IX, Column (A),	ne 25) 12,8	11 H		0.		
	<u>~</u>	17 ∩	tal fundraising expenses (Part X, column (D), h her expenses (Part IX, column (A), lines <u>11a-11</u>	ne <sup>(25)</sup> 0 12,8	<del>* + •</del>	137,363.	127 604		
	- 1				-	542,521.	137,694.		
		10 IC	tal expenses. Add lines 13-7 (must equal Part venue less expenses. Subtract line 18 from line	(A), trie 25)	-		536,275.		
-	-8	וש רוכ	vende less expenses. Subtract	£12	D.	296,259.	372,117.		
ote (	Fund Balances	<b>20</b> To	tal assets (Part X, line 16)		Ве	ginning of Current Year	End of Year		
Voc.			tal liabilities (Part X, line 26)		·	8,214,535.	8,027,770.		
į			t assets or fund balances. Subtract line 21 fron	n line 20	·	258,797. 7,955,738.	346,547. 7,681,223.		
Г	Par		Signature Block	11 11118 20	<del>_</del>	1,935,136	1,001,443.		
			s of perjury, I declare that I have examined this return	n including accompanying schedule	e and statem	ante and to the best of m	y knowledge and helief it is		
			nd complete. Declaration of preparer (other than office				y knowledge and belief, it is		
<u></u>	<i>u</i> 0, 0		nd complete. Declaration of preparer (other than one	cery is based on an information of wi	iicii preparei	ilas ally kilowieuge.			
c	ign		Signature of officer ()	<del>)</del>		Date /	1		
	lere			CUTIVE DIRECTOR		//31	13		
•	ici c		Type or print name and title	COTIVE DIRECTOR			79		
_			rint/Type preparer's name	Preparer's sugnature Co	10	ate Check	PTIN		
p	aid		ENNIE CHIU	1 //	'	Madua I	<del></del>		
	repa		rm's name DELOITTE & TOUCH	<del></del>		1 3ch chipioye			
	se O		rm's address 361 SOUTH MARINE			Firm's EIN	98-0047535		
·	0	<b>,</b>   [	TAMUNING, GU 969			Dhana na /	671\ 646 2004		
- N	lav t	he IRS	discuss this return with the preparer shown ab			Phone no. (	671) 646-3884 X Yes No		
11	icay t	<u>, 10 11 10</u>	andones time terminimini the higherer allowit sp	<u> </u>			LX Yes L No		

#### UNIVERSITY OF GUAM ENDOWMENT FOUNDATION INC

5	<u>6 -</u>	0	4	5	7	2	3	3	Page	1
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	1 990 (2011) ENDOWMENT FOUNDATION INC	66-0457233 F	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	TO FOSTER AND PROMOTE THE GROWTH, PROGRESS AND GENERAL	WELFARE OF THE	₹
	UNIVERSITY OF GUAM. TO SOLICIT, RECEIVE, ADMINISTER AM	ID DISBURSE	
	GIFTS, GRANTS AND BEQUESTS OF PROPERTY OF EVERY KIND,	AND TO HOLD THI	IS
	PROPERTY IN TRUST IN SUCH A MANNER THAT THE FOUNDATION	1 DEEMS	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes 🖸	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes 🖸	K No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	-	
	others, the total expenses, and revenue, if any, for each program service reported	<b>J</b>	
4a	(Code) (Expenses \$200,000including grants of \$200,000) (Re	373,44	12.)
	UNIVERSITY OF GUAM GRANTS PROVIDE FOR THE CAPITAL FUNI		
	IMPLEMENT VARIOUS CONSTRUCTION AND REMODELING PROJECTS		<del></del>
	UNIVERSITY.		•
	0.12 1 2 1 1 1 2 2 2 2 2		
	,		
	,		
4b	(Code) (Expenses \$81,700. including grants of \$15,238.) (Ri	evenue \$ 299,24	45.)
	ENDOWED SCHOLARSHIPS. THE ENDOWED SCHOLARSHIPS LIST IN	ICLUDED CURRENT	
	SCHOLARSHIPS FOR WHICH THE FOUNDATION RECEIVES MONIES	AND DISBURSES.	
		<del></del>	
4c	(Code) (Expenses \$) (Recode) (Recode)	evenue \$ 584,04	<u>42.</u> )
	VARIOUS MISCELLANEOUS PROJECTS INCLUDING THE BRICK SAI		OF
	EDUCATION MISCELLANEOUS FUND, THE EMERITUS HALL PROJECT	CTS, ISLA CENTER	3
	AND THE CONTINUATION OF MICRONESIA'S PUBLICATION.		
			<del></del>
		<del></del>	
		<del></del>	
		<del></del>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
_4e	Total program service expenses ► 481,700.	*	
		Form <b>990</b>	(2011)

			V	NI.
	to the organization described in section 501/c\(\gamma\) or 4947/a\(\frac{1}{2}\) (other than a private foundation\(\frac{2}{2}\)		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	
^	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<del> </del>
3	public office? If "Yes," complete Schedule C, Part I	3		x
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		-	
4	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		-	+- <del></del> -
J	similar amounts as defined in Revenue Procedure 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			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		ļ
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
_	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			v
4 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4=		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		X
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		A
••	antima (A) tipos 6 and 11e2 if IVos II apprelate Cabadida C. Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	<del>                                     </del>	<del>  *</del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<del> </del>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
			200	

#### UNIVERSITY OF GUAM ENDOWMENT FOUNDATION INC

Form 990 (2011) ENDOWMENT FOUNDATI
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_X_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 lines 24b through 24d and complete	:		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	Х	
30	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
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity?	ŀ		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
00	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3,5
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		٠,,	
	Note. All Form 990 filers are required to complete Schedule O	38_	X_	L

Form 990 (2011) ENDOWMENT FOUNDATION INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Ĺ
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 4			ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			Ì
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	. 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		l
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	- 55		
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			l
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand 13c	<u></u>		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		C	OOA A	10044

ENDOWMENT FOUNDATION INC

66-0457233

Form 990 (2011) 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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	:	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			- 21
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_9_		
	tion of the decision brequests information about policies not required by the internal nevenue code.)			
10a	Did the organization have local chapters, branches, or affiliates?	100	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	40h		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	40-		v
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		X
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
·	In Schedule O how this was done	40-		
12		12c	_	37
13	Did the organization have a written whistleblower policy?	13	_	X
14	Did the organization have a written document retention and destruction policy?	14	_	X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b	<u> </u>	
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> </u>
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	-		
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►GU			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i finan	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨		
	<u>TOMMY NAPUTI - 735-2956</u>			
132006	UOG STATION, MANGILAO, GU 96915			

ENDOWMENT FOUNDATION INC

66-0457233

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

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

Check this box if neither the organization r	or any related						nsa	ted any current officer, o	director, or trustee.	
(A)	(B)	(C) Position					(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			compensation	amount of			
	week					from related	other			
	(describe hours for	irect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	60.	턡			ste	ľ	(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	Individual trustee or director	institutional trustee		e e	E E		(11 2) 1000 111100)		and related
	ın Schedule	laubi	를	_	읥	2 2	<b>5</b>			organizations
	O)	ig.	in set	Office.	Key employee	Highest compensated employee	Former			_
(1) DR. WILFRED LEON GUERRERO										
DIRECTOR	2.00	X		L_		<u> </u>		0.	0.	0.
(2) DR. SAIED SAFABAKHSH	0.00									•
CHAIRMAN	2.00	X	<del> </del>	X	ļ	ļ	ļ	0.	0.	0.
(3) DR. ROBERT UNDERWOOD	2 00	٦,		٦,						0
PRESIDENT & EXECUTIVE SECR	2.00	X	<u> </u>	Х	-	-	-	0.	0.	0.
(4) GEORGE CHIU	2 00	<b>.</b>	l	x				0.	0.	0
TREASURER	2.00	^	<u> </u>	^	-		├	0.	0.	0.
(5) JESSE A. LEON GUERRERO	2.00	, v		x				0.	0.	0.
VICE CHAIRMAN	2.00	<u> </u>	-	^		╁	╁	<u></u>	0.	0.
(6) THOMAS J. CALVO DIRECTOR	2.00	×						0.	0.	0.
(7) JOSEPH F. ADA	2.00		╆-	$\vdash$	<del> </del>	$\vdash$	_	ļ		
DIRECTOR	2.00	x		ĺ				0.	0.	0.
(8) DAVID JOHN							Г			
DIRECTOR	2.00	X						0.	0.	0.
(9) FRANCISCO TAITANO										_
DIRECTOR	2.00	X		<u> </u>				0.	0.	0.
(10) ELAINE JONES										
DIRECTOR	2.00	X	<u> </u>		<u> </u>			0.	0.	0.
	1	<del> </del>	ļ	_		-	┡			
							1			
	ļ		├	<del> </del>	<b>-</b>	┼	├			
				ļ						
	<del> </del>	$\vdash$	├	<del> </del>	$\vdash$		╁			
					1					
	<del> </del>	+	+	<u> </u>	<del>                                     </del>		$\vdash$	<del> </del>	-	-
	1	T		<u> </u>		1	T			
	<u></u>									

orm 990 (2011) ENDOWMENT	Y OF GUNDA			JI	N(	•			66-045	7233	Р	age 8
Part VII Section A. Officers, Directors, Trus							est	Compensated Employ		1255	•	age o
(A) Name and title	(B) Average hours per week	(do box,	not ci	(C Posi heck i	tion		one n an	(D) Reportable compensation from	(E)  Reportable compensation from related	i	(F) stimate mount other	of
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	npensa rom th ganizat d relat anizati	ation le tion ted
	:											
					-							
Sub-total     Total from continuation sheets to Part VII     Total (add lines 1b and 1c)	Section A				•	<b>&gt;</b>		0. 0.	0			0. 0.
2 Total number of individuals (including but no compensation from the organization	it limited to th	ose	liste	d at	oove	) wh	o re	<u> </u>		•		
											Yes	0 <b>N</b> o
3 Did the organization list any former officer, of line 1a? If "Yes," complete Schedule J for su	ch ındividual									3		х
4 For any individual listed on line 1a, is the sur and related organizations greater than \$150									the organization	4		х
5 Did any person listed on line 1a receive or ac rendered to the organization? If "Yes," comp							elate	ed organization or indivi	dual for services	5		Х
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest con the organization. Report compensation for the</li> </ol>									-	sation	from	
(A)	address						T	(B) Description of se		(0	 C)	

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from										
the organization. Report compensation for the calendar year ending with or within the organization's tax year.											
	(A) Name and business address N	ONE	(B) Description of services	(C) Compensation							
2	Total number of independent contractors (including but not li	mited to those lister	d above) who received more than								
	\$100,000 of compensation from the organization	0	·								
	· · · · · · · · · · · · · · · · · · ·										

66-0457233 Page 9

Form 990 (2011)

Part VIII Statement of Revenue

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION INC

(D) Revenue excluded from (B) (C) (A) Total revenue Related or Unrelated tax under sections 512, 513, or 514 exempt function business revenue revenue 1 a Federated campaigns 1a b Membership dues 1b 144,067. c Fundraising events 1c d Related organizations 75,672. e Government grants (contributions) f All other contributions, gifts, grants, and 223,573. similar amounts not included above 144,067. g Noncash contributions included in lines 1a-1f \$ 443,312 h Total. Add lines 1a-1f **Business Code** f All other program service revenue g Total, Add lines 2a-2f Investment income (including dividends, interest, and 222,541 222,541. Income from investment of tax-exempt bond proceeds Royalties . (i) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 312830. assets other than inventory b Less: cost or other basis 90,912 and sales expenses 221918. c Gain or (loss) 221,918. 221,918. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 144,067. of contributions reported on line 1c). See 467649 Part IV, line 18 447028. b Less direct expenses . . . .. 20,621. 20,621. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 . . . . **b** Less. direct expenses ... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total, Add lines 11a-11d 908,392. 444,459. 20,621 Total revenue. See instructions.

# UNIVERSITY OF GUAM ENDOWMENT FOUNDATION INC

Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any question in thi	s Part IX (B)	(C)	<u>L</u> .
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	200,000.	200,000.		
2	Grants and other assistance to individuals in	15 000	15 020		
	the United States. See Part IV, line 22	15,239.	15,239.		<del> </del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				··
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	183,342.	152,174.	23,834.	7,334.
7	Other salaries and wages	103,344.	134,1/4.	43,034.	1,334.
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	0 640	0.000	1 054	206
g	Other	9,648.	8,008.	1,254.	386.
12	Advertising and promotion	20,955.	17,393.	2,724.	838.
13	Office expenses				
14	Information technology				
15	Royalties			-	<u> </u>
16	Occupancy	10 500	45 500	0 101	
17	Travel	18,722.	15,539.	2,434.	749.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	405.	336.	53.	16.
23	Insurance		<u> </u>		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONTRACTUAL SERVICES	65,725.	54,552.	8,544.	2,629.
b	MISCELLANEOUS	15,856.	13,161.	2,061.	634.
С	SUPPLIES	6,080.	5,047.	790.	243.
d	MAINTENANCE & REPAIRS	191.	158.	25.	8.
е	All other expenses	112.	93.	15.	4.
25	Total functional expenses. Add lines 1 through 24e	536,275.	481,700.	41,734.	12,841.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation.				

Form 990 (2011)
Part X Balance Sheet

Par	t X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	248,728.	1	510,199.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	433,609.	3	348,309.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	<del></del>		-
		employees, and highest compensated employees. Complete Part II			-
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			<del></del>
	~	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
	}	employees' beneficiary organizations (see instructions)		6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment: cost or other	· · · · · · · · · · · · · · · · · · ·	-5-	
	IUa	basis. Complete Part VI of Schedule D 10a 21,658.			-
	L .	Less: accumulated depreciation 10b 9,902.	1,399.	10c	11,756.
		Investments - publicly traded securities	<u> </u>		11,730.
	11	Investments - other securities. See Part IV, line 11	7,530,799.	11	7,157,506.
	12	Investments program-related See Part IV, line 11	1,550,133.	12	7,157,500.
	13	Interpublic accepts		13 14	
	14	Other seems See Bort IV Inc. 11	·		
	15	Total assets, Add lines 1 through 15 (must equal line 34)	8,214,535.	15	8,027,770.
	16	Accounts payable and accrued expenses	28,602.	16	42,231.
	17	Grants payable	230,195.	17	304,316.
	18	Deferred revenue	230,133.	18	304,310.
	19	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	19 20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		21	
Ξ	22	highest compensated employees, and disqualified persons Complete Part II			
Lia		of Schedule L	,		
	00	· · · · · · · · · · · · · · · · · · ·		22	
	23	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		23	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		05	
	26	Total liabilities, Add lines 17 through 25	258,797.	25 26	346,547.
	20	Organizations that follow SFAS 117, check here   X and complete	230,131.	_20_	<u> </u>
10		lines 27 through 29, and lines 33 and 34.	,		
ĕ	27	Unrestricted net assets	411,257.	27	207,072.
lau	28	Temporarily restricted net assets	7,043,082.	28	6,962,396.
ä	29	Permanently restricted net assets	501,399.	29	511,755.
Ĕ	29	Organizations that do not follow SFAS 117, check here	301,333.	29	" " " " " " " " " " " " " " " " " " " "
Ψ		complete lines 30 through 34.	-		:
S	20	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	31	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	32	<del></del>
Š	32	Total net assets or fund balances	7,955,738.	33	7,681,223.
	33	Total liabilities and net assets/fund balances	8,214,535.	34	8,027,770.
	34	Total habilities and het assets/fully balarices	0,214,333.		Form <b>990</b> (2011)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	•			X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	90	8,3	92.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	53	6,2	75.		
3	Revenue less expenses. Subtract line 2 from line 1	3	37	2,1	17.		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5							
6_							
Pa	rt XII Financial Statements and Reporting		•				
	Check if Schedule O contains a response to any question in this Part XII	·					
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:				ļ		
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

Employer identification number

Name of the organization UNIVERSITY OF GUAM 66-0457233 ENDOWMENT FOUNDATION INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c \_\_\_\_ Type III - Functionally integrated Type III - Other a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the organization in col. (iv) is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2011

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Schedule A (Form 990 or 990-EZ) 2011 ENDOWMENT FOUNDATION INC 66-04572 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	297,294.	547,222.	297,440.	344,473.	443,312.	1,929,741.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<del></del>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	297,294.	547,222.	297,440.	344,473.	443,312.	1,929,741,
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1,929,741.
	ction B. Total Support		······································			· · · · · · · · · · · · · · · · · · ·	1,727,741.
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	297,294.	547,222.	297,440.	344,473.	443,312.	1,929,741,
-	Gross income from interest,	23112320	31.,0220	25772101	02272701	110,010	1,525,141,
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	680,586.	279,211.	292 464	314,503.	222,541.	1,789,305,
_	Net income from unrelated business	000,500.	417,211.	272,404.	314,303.	222,541.	1,703,303,
9							
	activities, whether or not the		1				
40	business is regularly carried on				<del></del>		····-
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	<del></del>			<del></del>	~~	2 242 246
	Total support. Add lines 7 through 10	-4- /				40 1	$\frac{3,719,046}{549,572}$
12	•	•					,549,514.
13	First five years. If the Form 990 is fo	•	s first, second, thir	a, tourth, or titth ta	ix year as a sectio	n 501(c)(3)	
Sac	organization, check this box and storection C. Computation of Publ		rcentage	<del></del>	<del></del>	····	
	Public support percentage for 2011 (		<del>-</del>	naluma (fl)	<del></del>	44	51.89 %
	· · · · · · · · · · · · · · · · · · ·			:olumin (i))		15	51.89 % 53.97 %
	Public support percentage from 2010						
168	33 1/3% support test - 2011. If the	-			14 IS 33 1/3% OF II	nore, check this box	K and ►X
	stop here. The organization qualifies		•				•
Ľ	33 1/3% support test - 2010. If the			-4			S DOX
	and stop here. The organization qua						▶∟
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac					rt IV how the organ	zation
	meets the "facts-and-circumstances"	=	=		-		. ▶∟
b	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets t				-		. —
	organization meets the "facts-and-cir				=		▶∟
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instructions	
					O.L.	A /F 000	000 E7\ 0044

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	, p					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-					
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income	···					
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		L	<u> </u>	L	<u></u>	
14 First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here Section C. Computation of Publ	io Cupport D-	roontoes				<u> </u>
	· · · · · · · · · · · · · · · · · · ·		1 (0)		T.= T	
15 Public support percentage for 2011 (I	* * * * * * * * * * * * * * * * * * * *	-	column (t))		15	<u>%</u>
16 Public support percentage from 2010 Section D. Computation of Investigation				<del></del>	16	%
			20.13 column (f)	<del></del>	17	
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from 2</li></ul>				•	18	<u>%</u> %
19a 33 1/3% support tests - 2011. If the			 on line 14, and line	 a 15 is more than	L	
more than 33 1/3%, check this box a						I I IS HOL
b 33 1/3% support tests - 2010. 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%,	
line 18 is not more than 33 1/3%, che		, -	•		•	. ▶⊨

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNIVERSITY OF GUAM

ENDOWMENT FOUNDATION INC

Employer identification number 66-0457233

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or a	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Par	till Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified t	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	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
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)	(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the o	rganization's accounting for
-	conservation easements		
Pai	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance o	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		-
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gain	ı, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		<b>\$</b>

		NT FOUNDAT			20011777	O+1			5723	
Par	3.3									
3 '	Using the organization's acquisition, accessi	on, and other record	s, checl	k any of the	tollowing tha	at are a si	gnificant u	se of its	collection	items
	(check all that apply):		_							
а	Public exhibition	C			hange progra					
b	Scholarly research	e	• —	Other	· · · · · · · · · · · · · · · · · · ·					
C	Preservation for future generations									
4	Provide a description of the organization's co							se in Par	t XIV.	
5	During the year, did the organization solicit of		•			er sımılar	assets	r	_	
r <del>=</del>	to be sold to raise funds rather than to be ma					<del></del>			_ Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" to	Form 990,	Part IV,	lıne 9, or	
	reported an amount on Form 990, Pa						<del></del>			
1a	Is the organization an agent, trustee, custod					sets not	included		¬	
									」 Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing '	table:						
									Amount	
C	Beginning balance	•		•			1c			
d	Additions during the year		•		•		1d			
е	Distributions during the year		•				1e			
f	Ending balance						1f		<del></del>	
	Did the organization include an amount on F		21?				•		_  Yes	No
	If "Yes," explain the arrangement in Part XIV									
Pa	t V Endowment Funds. Complete				·	<del></del>				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance								<del></del>	
b	Contributions				-				ļ	
C	Net investment earnings, gains, and losses				ļ			-	<del></del>	
đ	Grants or scholarships		<b>_</b>		-				ļ	
е	Other expenditures for facilities				1	-				
	and programs		-		<del> </del>				ļ	
f	Administrative expenses		ļ	<del> </del>	<u> </u>				ļ	
g	End of year balance		<u> </u>						<u> </u>	<del></del> -
2	Provide the estimated percentage of the cur	•	•	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment									
	The percentages in lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd admınıste	ered for th	ne organiza	ation	Г	
	by:									Yes No
	(i) unrelated organizations		•	•					.  3a(i)	
	(ii) related organizations								.  3a(ii)	$\longrightarrow$
b	If "Yes" to 3a(ii), are the related organization:	•				•			. <u>3b</u>	<u></u> _
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipm			<del></del>		1		<del></del>		
	Description of property	(a) Cost or o basis (investi			t or other (other)		cumulated preciation	1	(d) Book	value
1a	Land						-			
b	Buildings									
С	Leasehold improvements									
d	Equipment			2	1,658.		9,90	2.	1	L,756.
<u>e</u>	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c).)			▶	1:	1,756.

Schedule D (Form 990) 2011\_

		_				
END	TWHMWC	]	FOUN	IDA	MOITA	INC

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.			
(a) Description of security or category	(b) Book value		ethod of valua	
(including name of security)	1-,	Cost or e	nd-of-year mar	ket value
1) Financial derivatives				<del></del>
2) Closely-held equity interests				
3) Other				
(A) BANK OF GUAM STOCK	191,053.	END-OF-YEAR	MARKET	VALUE
(B) CASH - MERRILL LYNCH &				
(C) PRIMEVEST	62,393.	END-OF-YEAR	MARKET	VALUE
(D) PRIMEVEST & SMITHBARNEY				
(E) SECURITIES	6,438,913.	END-OF-YEAR	MARKET	VALUE
(F) PRIMEVEST & SMITHBARNEY				
(G) SECURITIES	465,147.	END-OF-YEAR	MARKET	VALUE
(H)				
()				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	7,157,506.			
Part VIII Investments - Program Related. S	See Form 990, Part X, line 13	<b>).</b>		
(a) Description of investment type	(b) Book value		ethod of valua nd-of-year mar	
		0031 01 8	or your man	
(1)				<del></del>
(2)				
(4)			····	
(5)	<u> </u>			
(6)				
(7)				
(8)				<u> </u>
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				/L1 D = -1 · · -1 · ·
	) Description	<del></del> .		(b) Book value
(1)		··-		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)	<u> </u>		
Part X Other Liabilities. See Form 990, Part X				
		<u></u>	<del></del>	
1. (a) Description of liability		b) Book value	- · · · · · · · · · · · · · · · · · · ·	
(a) Description of liability     (1) Federal income taxes		b) Book value		
1. (a) Description of liability		b) Book value		
(a) Description of liability     (1) Federal income taxes		b) Book value		
(a) Description of liability     (1) Federal income taxes     (2)		b) Book value		
(a) Description of liability     (1) Federal income taxes     (2)     (3)		b) Book value		
1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		b) Book value		
1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)		b) Book value		
1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)		b) Book value		
1. (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)		b) Book value		
1. (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		b) Book value		
1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)				

66-0457233 Page 4 ENDOWMENT FOUNDATION INC Schedule D (Form 990) 2011 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 908,392. Total revenue (Form 990, Part VIII, column (A), line 12) 536,275. Total expenses (Form 990, Part IX, column (A), line 25) 2 2 372,117. Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 4 -646,632. Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 6 Investment expenses Prior period adjustments 7 7 8 Other (Describe in Part XIV.) 8 -646,632. 9 9 Total adjustments (net). Add lines 4 through 8 -274.515.10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 708,788. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. -646,632. Net unrealized gains on investments 2b Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIV.) .... 2d 2e <u>-646,632.</u> Add lines 2a through 2d 1,355,420. 3 Subtract line 2e from line 1 3 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 -447.028. Other (Describe in Part XIV.) 4b c Add lines 4a and 4b . . . -447,028. 4c 5 908,392. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 983,303. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25. Donated services and use of facilities 2a 2b Prior year adjustments 2c С Other losses 447,028. 2d Other (Describe in Part XIV.) 447,028. Add lines 2a through 2d 536,275. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIV.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. FUNDRAISING EXPENSES WERE RECLASSIFED FROM EXPENSES TO DIRECT EXPENSES OF FUNDRAISING EVENTS IN THE STATEMENT OF REVENUES.

UNIVERSITY OF GUAM

#### **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2011

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ➤ See separate instructions.

Open To Public

Inspection

Internal Revenue Service

Name of the organization

UNIVERSITY OF GUAM

Employer identification number

ENDOWMENT FOUNDATION INC 66-0457233 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 ENDOWMENT FOUNDATION INC

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and great	•	<u>-</u>		• •
	•	or fundaising event contributions and gr	(a) Event #1 CIRQUE SHANGHAI (event type)	(b) Event #2 CELEBRITY CHEFS CUP (event type)	(c) Other events  4  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	283,012.		94,887.	467,649.
_	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	283,012.	89,750.	94,887.	467,649.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				-
Direct	7	Food and beverages .	<u></u>			
	8	Entertainment Other direct expenses	315,646.	58,547.	72,834.	447,027.
	10	Direct expense summary. Add lines 4 through Net income summary. Combine line 3, colum	9 in column (d)			( 447,027) 20,622.
Pa	ırt I	II Gaming. Complete if the organization		990, Part IV, line 19, or re	eported more than	20,022.
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c))
æ —	1	Gross revenue .				
ses	2	Cash prizes .				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	Yes % No	Yes% No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		. ▶	(
	8_	Net gaming income summary. Combine line 1	, column d, and line 7		<b>&gt;</b>	
а	ls t	er the state(s) in which the organization opera he organization licensed to operate gaming ac No," explain:	tivities in each of these	states?		Yes No
		re any of the organization's gaming licenses re				Yes No
	_					

66-0457233 Page 2

# UNIVERSITY OF GUAM Schedule G (Form 990 or 990-EZ) 2011 ENDOWMENT FOUNDATION INC 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a b An outside facility 13b % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address > Gaming manager information: Name > Gaming manager compensation > \$\_\_\_\_\_ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license? ... ... b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**2** Schedule I (Form 990) (2011) ROJECTS, AND PROGRAMS AT **Employer identification number** 66-0457233 TO FUND THE EDUCATIONAL HE UNIVERSITY OF GUAM. Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance ACTIVITIES, PLANS, X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection : : : : : non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. : Governments, and Individuals in the United States Grants and Other Assistance to Organizations, : (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 200,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable ENDOWMENT FOUNDATION INC 501(C)3 Enter total number of other organizations listed in the line 1 table OF GUAM General Information on Grants and Assistance (b) EIN critena used to award the grants or assistance? UNIVERSITY 1 (a) Name and address of organization or government Name of the organization UNIVERSITY OF GUAM MANGILAO GU 96923 Department of the Treasury Internal Revenue Service UOG STATION SCHEDULE (Form 990) Part Part II က

66-0457233

ENDOWMENT FOUNDATION INC Schedule I (Form 990) (2011)

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

Part III

					The second secon
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	0	15,238,	0		
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	addıtıonal information.	
SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MAINTAINS PROPER RECORDS	KGANIZATIC	ON MAINTAI	NS PROPER I	ZATION MAINTAINS PROPER RECORDS FOR	
GRANTED PER INDIVIDUAL.					

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF GUAM

ENDOWMENT FOUNDATION INC

Employer identification number

66-0457233 Types of Property (d) (a) (b) (c) 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 Art · Works of art 2 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 106,284. FAIR MARKET VALUE 25 ( ADVERTISEMENT) Other > ( SERVICES Х 9 30,451. FAIR MARKET VALUE 26 ( ACCOMODATIONS) 7,332. 27 Other -FAIR MARKET VALUE 28 Other -Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Νo Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Х **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

#### SCHEDULE O (Form 990 or 990-EZ)

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Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION INC

Employer identification number 66-0457233

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOLICIT, RECEIVE, ADMINISTER AND DISBURSE GIFTS, GRANTS AND BEQUESTS OF
PROPERTY OF EVERY KIND, AND TO HOLD THIS PROPERTY IN TRUST IN SUCH A
MANNER THAT THE FOUNDATION DEEMS APPROPRIATE FOR THE BENEFIT OF THE
UNIVERSITY OF GUAM.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
APPROPRIATE FOR THE BENEFIT OF THE UNIVERSITY OF GUAM.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 IS
REVIEWED BY THE BOARD OF DIRECTORS AND EXECUTIVE OFFICER.
FORM 990, PART VI, SECTION B, LINE 15B: THE EXECUTIVE DIRECTOR'S
COMPENSATION IS REVIEWED BY THE BOARD OF DIRECTORS AND SET IN ACCORDANCE
WITH MARKET AND OTHER NOT-FOR-PROFIT ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON
REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -646,632.