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EXTENDED TO NOVEMBER 16, 2015

Form **99**0

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990 Open to Public Inspection

A 1	or the	2014 calendar year, or tax year beginning and	enaing					
В	Check if applicabl	C Name of organization UNIVERSITY OF GUAM		D Employer identific	cation number			
	Addre	S ENDOUMENM FOUNDAMION INC						
	Name chang	Doing business as	•	66-0	457233			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	,			
	Final	TIOG CONTON DOCT OFFICE			735-2956			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,891,434.			
	Amen			H(a) Is this a group return				
F	Applic		-	for subordinates				
_	tion pendii	SAME AS C ABOVE		H(b) Are all subordinates in				
_			or 527	1 ' '				
			01 321	4	list. (see instructions)			
		te: WWW.UOGENDOWMENT.ORG	1	H(c) Group exemption				
		organization: X Corporation	L Year	of formation: 1909 N	State of legal domicile; GU			
P		Summary	OGMED	AND DROMORE	mira			
ė	1	Briefly describe the organization's mission or most significant activities $\frac{TO}{F}$	OSTER	AND PROMOTE	THE			
Governance	1	GROWTH, PROGRESS AND GENERAL WELFARE OF						
딜	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	_			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	9			
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9			
è	5	Total number of individuals employed in calendar year 20,14 (Part Valine 2a)		5	0			
₹	6	Total number of volunteers (estimate if necessary)	1	6	40			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	Ь	Net unrelated business taxable income from Form 990 T, line 34		7b	0.			
		RECEIVED		Prior Year	Current Year			
Ð	8	Contributions and grants (Part VIII, line 1h)	10 [182,717.	6,785,128.			
Revenue	9	Program service revenue (Part VIII, line 2g)	RS-OS	0.	0.			
eve	10	Investment income (Part VIII, column (A), lines 3, And 76)10V 2 4 2015		-10,999.	41,461.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)] KI	3,091,723.	807,620.			
		Total revenue - add lines 8 through 11 (must equal Part VII) ([A] Intel [2]		3,263,441.	7,634,209.			
		Grants and similar amounts paid (Part IX, column (A), ilnes 1-3)		221,188.	200,500.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
so.	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		235,299.	209,853.			
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
e e	100	Total fundraising expenses (Part IX, column (D), line 25)	80. H					
ă	1.5		**	279,653.	259,644.			
	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	∵	736,140.	669,997.			
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,527,301.	6,964,212.			
		Revenue less expenses Subtract line 18 from line 12						
ets or	3		<u>B</u>	eginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		10,986,000.	18,566,060.			
ŽŽ.	- 1	Total liabilities (Part X, line 26)	<u> </u>	55,690.	180,604.			
		Net assets or fund balances Subtract line 21 from line 20		10,930,310.	18,385,456.			
	art II	Signature Block	_		 			
		alties of perjury I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.				
				Dotat				
Sig	jn	Signature of office		Date				
He	re	JANIECE A. SABLAN, EXECUTIVE DIRECTOR		11/14/15				
_		Type or print name and title	·-·	Data	II STIU			
Print/Type preparer's name Preparer's some Preparer's some Date Check PTIN								
Pa	id	JENNIE L. CHIU JENNIE L. CHIU		1116115 Id self-employ				
Pre	eparer	Firm's name DELOITTE & TOUCHE LLP		Firm's EIN ▶	98-0047535			
Us	e Only	Firm's address 361 SOUTH MARINE CORPS DRIVE						
		TAMUNING, GU 96913-3973		Phone no. (6	71) 646-3884			
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

May the IRS discuss this return with the preparer shown above? (see instructions)

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION, INC. 66-0457233 Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III 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 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 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. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 200,000 . Including grants of \$ 200,000.) (Revenue \$ 130,154.) (Expenses \$ UNIVERSITY OF GUAM FOUNDATION GRANTS PROVIDE FOR THE CAPITAL FUNDING NECESSARY TO IMPLEMENT VARIOUS CONSTRUCTION AND REMODELING PROJECTS FOR THE UNIVERSITY. 500 ·) (Revenue \$ 500 . including grants of \$ 11,558. (Code ENDOWED SCHOLARSHIPS. THE ENDOWED SCHOLARSHIPS LIST INCLUDED CURRENT SCHOLARSHIPS FOR WHICH THE FOUNDATION RECEIVES MONIES AND DISBURSES. 389,683. including grants of \$ 506,185.) (Revenue \$ VARIOUS MISCELLANEOUS PROJECTS INCLUDING THE COLLEGE OF EDUCATION MISCELLANEOUS FUND, THE EMERITUS HALL PROJECTS, ISLA CENTER AND THE CONTINUATION OF MICRONESIA'S PUBLICATION.

Other program services (Describe in Schedule O.) (Expenses \$

including grants of \$

) (Revenue \$

Total program service expenses 40

590,183.

Form 990 (2014) ENDOWMENT FO
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)?	1	х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		<u> </u>
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		Х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
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,		7.7	
	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		Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	^	
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	11¢		х
4	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	110		
u	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		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		ļ	
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Į	.,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	X	1
45	1c and 8a? If "Yes," complete Schedule G, Part II	18	┝ˆ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19	İ	x
20-	complete Schedule G, Part III 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	 	
	n 165 to mio 250, die trio digenization attach a copy of its addition infantism statements to this folder:		990	(2014)

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UNIVERSITY OF GUAM ENDOWMENT FOUNDATION, INC.

Form 990 (2014) ENDOWMENT FOUNDATI
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
J	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		Х
06	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	ŀ		
		26		Х
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31	Ì	Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Earm	nee,	(2014)

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	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						
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ŀ				
	(gambling) winnings to prize winners?	1c					
2 a	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 0	ľ]				
b	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			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		İ				
	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 contributions or gifts		.				
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	7a	ļ	X			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v			
	to file Form 8282?	7c		<u> </u>			
	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 contract?	7e					
t ~	5	7f					
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-/					
•	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
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						
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))					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
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.	İ					
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 [3b]	ł					
	Enter the amount of reserves on hand [13c]	44	\vdash	X			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a					
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	لـــــا				

Form 990 (2014) ENDOWMENT FOUNDATION, INC. 66-0457233 Page
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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		Yes	- N-
1a	Enter the number of voting members of the governing body at the end of the tax year		res	No
	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		Λ
	tion D. I onoics (This deciron b requests information about policies not required by the internal revenue code)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	,,,,,		-
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	462		
Sec	tion C. Disclosure	16b	L	L
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)	availab	ie.	
_	for public inspection. Indicate how you made these available Check all that apply.		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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 books and records			
	JANIECE A. SABLAN - 735-2956			
	UOG STATION, MANGILAO, GU 96915			

ENDOWMENT FOUNDATION, INC.

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Part VIII 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	
Check it Scriedule O contains a response of note to any line in this rait 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 (A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ntion	than e	nne	Reportable	Reportable	Estimated
	hours per	box	, unte	ss pe	rson	is bot	n an	compensation	compensation	amount of
	week		Jer an	a a a	recu	mus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	nours for	p.o.	8		ł	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	nste	IT S		្ន	nedu		(44.2/1099-141130)		and related
	below	ig i	igona	١.	흹	s co	<u>.</u>			organizations
	(list any hours for related organizations below line)	nder	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former			J
(1) DR, WILFRED LEON GUERRERO	2.00	Ì								
DIRECTOR		Х						0.	0.	0.
(2) DR. SAIED SAFABAKHSH	2.00							,		
DIRECTOR		X	L	Х	<u> </u>			0.	0.	0.
(3) DR. ROBERT UNDERWOOD	2.00]							
PRESIDENT & EXECUTIVE SECR		X		X	<u> </u>			0.	0.	0.
(4) GEORGE CHIU	2.00]		1	1					_
TREASURER		X		Х				0.	0.	0.
(5) JESSE A. LEON GUERRERO	2.00	1						_	_	
CHAIRMAN		Х		Х		<u> </u>		0.	0.	0.
(6) THOMAS J. CALVO	2.00							_	_	_
DIRECTOR		X		L				0.	0.	0.
(7) JOSEPH F. ADA	2.00							_	_	
VICE PRESIDENT		X	<u> </u>	<u> </u>	Ļ			0.	0.	0.
(8) DAVID JOHN	2.00	۱								_
DIRECTOR		Х	_	ļ	<u> </u>	<u> </u>	_	0.	0.	0.
(9) FRANCISCO TAITANO	2.00	x						٥.	0.	0
DIRECTOR (10) ELAINE JONES	2.00	┡	-	├	-	\vdash		0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
<u> </u>		Ĥ	├	┝		├		- 0.	- 0.	
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		ERSITY OF G												
Form 990	·	WMENT FOUND								66-0	<u>457</u>	<u>233</u>	Pa	ige 8
Part V		ors, Trustees, Key Em (B) Average hours per	(do box	not c	Pos heck ss pe	c) ition more rson	than	one h an	(D) Reportable compensation	es (continued) (E) Reportable compensatio		Est	(F) imate ount o	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated 4/	Ė	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s	comp fro orga and	other pensati om the nizati relate nizatio	e on ed
			-											
												:		
			_				-							
			<u> </u> _			,								
			 		<u> </u>									
1b Sul	b-total tal from continuation sheets t	o Part VII, Section A	<u> </u>	L	L	<u> </u>	L	▶	0.		0.			0.
2 Tot	tal (add lines 1b and 1c) al number of individuals (including pensation from the organization	=	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100	0,000 of reportab	0. ole			0.
	the organization list any forme		uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			Yes	No
4 For	e 1a? If "Yes," complete Schedu r any individual listed on line 1a d related organizations greater	, is the sum of reportab	ole co							the organization		3		x
5 Did	a related organizations greater in I any person listed on line 1a re Idered to the organization? If ")	ceive or accrue compe	nsat	ion 1	from	any	y uni			idual for services	3	5		X
Section	B. Independent Contractors							_						
	mplete this table for your five he organization. Report compens	-	-								npens	ation fr	om	
	Name and	(A) business address	N	ONI	E				(B) Description of s	services	С	(C ompen		n
<u></u>														
										<u> </u>				
								_						

ENDOWMENT FOUNDATION, INC. Form 990 (2014) ENDOWME Part VIII | Statement of Revenue

			Check if Schedule O cont	tains a response	or note to any lin	ne in this Part VIII			
	_		Oneskii Gunegale Green	a. 100 por 100	or rioto to unij in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	ts, and	6,785,128.	¢			
Š		-	Noncash contributions included in lines	: 1a-1f \$		6,785,128.		i	
<u> </u>		n	Total. Add lines 1a-1f		Business Code				
Program Service Revenue	2	a b c			Pasiness Code				
grar Rev		d							
Ď		e				_			
_			All other program service reve	enue					 -
	3	g	Total. Add lines 2a-2f Investment income (including	dividends intere					
	ľ		other similar amounts)	dividends, intere	sst, and	179,409.	179,409.		
	4		Income from investment of ta	x-exempt bond p	-				
	5		Royalties		>				
			•	(i) Real	(ii) Personal	Ł			
	6	а	Gross rents			•			
			Less rental expenses						
			Rental income or (loss)						ĺ
	l _		Net rental income or (loss)	T 2	<u> </u>				ļ
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	!			
			assets other than inventory	-					
			Less cost or other basis and sales expenses	137,948.					
		c	Gain or (loss)	-137,948.					
			Net gain or (loss)	<u> </u>		-137,948.	-137,948.		
Other Revenue	8		Gross income from fundraisin including \$	of					
æ	ļ		contributions reported on line	•	926,897.				
je.		h	Part IV, line 18 Less direct expenses	a b	119,277.				
ō	l		Net income or (loss) from fund	_	113,077.	807,620.			807,620.
	9		Gross income from gaming a						121,120.
			Part IV, line 19	а					
		b	Less direct expenses	ь		Į ,			
		С	Net income or (loss) from gan	ning activities	•				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					ļ
			Less' cost of goods sold	b	L				
		С	Net income or (loss) from sale		•				
	11	_	Miscellaneous Revenu	ie	Business Code				
	' '	a b						 -	
		C							
		d	All other revenue						· · · · · · · · · · · · · · · · · · ·
		e	Total. Add lines 11a-11d						
	12		Total revenue. See instructions.		>	7,634,209.	41,461.	0.	<u> </u>
43200 11-07)9 '-14								Form 990 (2014)

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION, INC.

Form 990 (2014) ENDOWMENT FOUR Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			mpiete column (A)	
0		(A)	(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	200,000.	200,000.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	500.	500.		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		454-450	05 001	0 204
7	Other salaries and wages	209,853.	174,178.	27,281.	8,394.
8	Pension plan accruals and contributions (include	ļ		1	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				<u> </u>
ь	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		<u>`</u>		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	51 367	42 634	6 678	2 055.
	column (A) amount, list line 11g expenses on Sch O.)	51,367. 18,579.	42,634. 15,421.	6,678. 2,415.	2,055. 743.
12	Advertising and promotion	10,373.	13,421.	2,413.	7431
13	Office expenses				·
14	Information technology				
15	Royalties	· ·			····
16	Occupancy	3,174.	2,634.	413.	127.
17	Travel	3,11,11	2,0310		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,979.	2,473.	387.	119.
23	Insurance				
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		99,964.	82,970.	12,995.	3,999.
b		66,372.	55,089.	8,628.	2,655.
С	SUPPLIES	17,209.	14,284.	2,237.	688.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	669,997.	590,183.	61,034.	18,780.
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)	l			

TON. TNC.

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Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	486,983.	1	1,492,903.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,864,953.	3	2,762,233.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			ι
		employers and sponsoring organizations of section 501(c)(9) voluntary	A		
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D Less' accumulated depreciation 10a 5,654,653. 10b 21,919.			
	b	Less: accumulated depreciation 10b 21,919.	10,949.	10c	5,632,734
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	7,611,701.	12	8,674,857
	13	Investments - program-related. See Part IV, line 11		13	*
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	11,414.	15	3,333
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,986,000.	16	18,566,060
	17	Accounts payable and accrued expenses	55,690.	17	180,604
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	55,690.	25	180,604.
	26	Total liabilities. Add lines 17 through 25	33,030.	26	100,004.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
ces		complete lines 27 through 29, and lines 33 and 34.	305,176.		700,890.
<u>a</u>	27	Unrestricted net assets	10,114,185.	27 28	17,177,965
Ba	28	Temporarily restricted net assets	510,949.		506,601
pun	29	Permanently restricted net assets	310,343.	29	300,001
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			•
o s		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds	,	30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	<u></u> -	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	10,930,310.	32	18,385,456.
_	33	Total net assets or fund balances	10,986,000.	33 34	18,566,060.
	34	Total liabilities and net assets/fund balances	10,500,000.	J 34	Form 990 (2014)

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION. I

66-0457233 ENDOWMENT FOUNDATION, INC. Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 7,634,209. Total revenue (must equal Part VIII, column (A), line 12) 669,997. 2 Total expenses (must equal Part IX, column (A), line 25) 2 6,964,212. 3 Revenue less expenses. Subtract line 2 from line 1 10,930,310. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 490,934. 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 7 Investment expenses 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 18,385,456. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Consolidated basis Both consolidated and separate basis Separate basis b Were the organization's financial statements audited by an independent accountant? 2b X 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: Both consolidated and separate basis X Separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Act and OMB Circular A-133?

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization UNIVERSITY OF GUAM ENDOWMENT FOUNDATION, INC. 66-0457233 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Living t. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. J Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN (III) Type of organization listed in your organization (described on lines 1-9 other support (see support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

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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)

Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 1 Gifts, grants, contributions, and	(f) Total
1 Gifts, grants, contributions, and	
The state of the s	
membership fees received. (Do not	
include any "unusual grants.") 344,473. 443,312. 368,423. 182,717. 6,785,128	. 8,124,053.
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	
4 Total. Add lines 1 through 3 344, 473. 443, 312. 368, 423. 182, 717. 6,785, 128	8,124,053.
5 The portion of total contributions	
by each person (other than a	-
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	
6 Public support. Subtract line 5 from line 4	8,124,053.
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014	(f) Total
7 Amounts from line 4 344,473. 443,312. 368,423. 182,717. 6,785,128	8,124,053.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties	
and income from similar sources 314,503. 222,541. 264,237. 180,763. 179,409	1,161,453.
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)	
11 Total support. Add lines 7 through 10	9,285,506.
12 Gross receipts from related activities, etc (see instructions) 12	5,910,118.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	87.49 _%
15 Public support percentage from 2013 Schedule A, Part II, line 14	56.22 _%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	
stop here. The organization qualifies as a publicly supported organization	▶ 【X】
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	this box
and stop here. The organization qualifies as a publicly supported organization	▶∟
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 109	
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the org	anization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how t	ne
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶⊨
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction.	

Schedule A (Form 990 or 990-EZ) 2014 | 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

Section A. Public Support	ow, please com					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		(5)2011	(0) 2012	(4) 25.5	(0) 2014	(i) i otal
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						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					<u> </u>	
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						
alendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(=) 2012	(4) 0012	(2) 0014	(6 T-1-1
9 Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
floa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			·			
13 Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>			<u> </u>	504(1)(2)	
14 First five years. If the Form 990 is for t	ne organization	s iirst, second, thii	ra, rourtn, or fifth ta	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Public	Support De	rcentage		 		
			(6)		145	
Public support percentage for 2014 (lin		•	column (1))		15	
16 Public support percentage from 2013 Section D. Computation of Invest					16	
Section D. Computation of Invest					Tati	
17 Investment income percentage for 201	•		ne 13, column (f))		17	
18 Investment income percentage from 20	•	•		. 46	18	
19a 33 1/3% support tests - 2014. If the o more than 33 1/3%, check this box and	-				•	/ is not
b 33 1/3% support tests - 2013. If the o	rganization did	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec			anızatıon qualifies Ia. or 19b. check ti			▶⊨

Schedule A (Form 990 or 990-EZ) 2014 ENDOWMENT FOUNDATION, INC.

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

S

ec	tion A. All Supporting Organizations			
			Yes	No
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	1		
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)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
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	3b	Ī	
С	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	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ь	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	4b		
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	4c		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			l
Ju	answer (b) and (c) 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			ł
	was accomplished (such as by amendment to the organizing document)	5a		
h	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?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
O	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			Ì
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
		6		ľ
7	Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990)	8		
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.	9a		L
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) 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.	9c	<u></u>	L_
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		1	1
	organizations)? If "Yes," answer (b) below	10a	L_	<u>L</u>
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)

Sche	dule A (Form 990 or 990-EZ) 2014 ENDOWMENT FOUNDATION, INC. 66-04	5723	3 Pa	ige 5
	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
Sec.	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
500	tion b. Type I oupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's 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		i	
	controlled the organization's activities. If the organization had more than one supported organization,		. 1	
	describe how the powers to appoint and/or remove 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,			Į
	supervised, or controlled the supporting organization	2		l
Sec	tion 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			l
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations			
_	Dollar and the second s		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			İ
	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	<u> </u>		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in part VI how			l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	L	
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		N ₂
2	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	the officer and the state of the first the second the s			l
	those supported organizations and explain now these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities	2a		1
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement	2b		L
3	Parent of Supported Organizations. Answer (a) and (b) below.			_
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			l
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2014 ENDOWMENT FOUNDATION, INC. 66-0457233 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

UNIVERSITY OF GUAM 66-0457233 Page 7 Schedule A (Form 990 or 990-EZ) 2014 ENDOWMENT FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions. Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2014 b C d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2015. Add lines 3j and 4c Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2014

a b

> d Excess from 2013 e Excess from 2014

Schedule A	(Form 990 or 990-EZ) 2014 ENDOWMENT FOUNDATIO	N, INC.	66-0457233 Page
Part VI	(Form 990 or 990-EZ) 2014 ENDOWMENT FOUNDATIO Supplemental Information. Provide the explanations requ	uired by Part II, line 10; Part II	, line 17a or 17b, and Part III, line 12
	Also complete this part for any additional information (See instru	ctions)	
			· · · · · · · · · · · · · · · · · · ·
_			
	· · · · · · · · · · · · · · · · · · ·		
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_		· · · · · · · · · · · · · · · · · · ·	<u> </u>

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

UNIVERSITY OF GUAM

ENDOWNEY BY ACCOUNT AT A STATE OF THE STATE OF

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ENDOWMENT FOUNDATION TNC Employer identification number 66-0457233

Pa	t I Organizations Maintaining Donor Advised		Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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	riting that the assets held in donor advised t	funds
	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" to Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	f historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	• •	2c
d	• • • • • • • • • • • • • • • • • • • •	fter 8/17/06, and not on a historic structure	
_	listed in the National Register	and automorphish as to record by the or	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the or	ganization during the tax
4	year Number of states where property subject to conservation easi	ement is located	
5	Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it	* '	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		ng the year
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	· · · · · · · · · · · · · · · · · · ·
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	·	
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included in 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		ain, provide
	the following amounts required to be reported under SFAS 11	ib (ASC 958) relating to these items:	~ ¢
a ,	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		-
	ASSEIS OCCUORO ULCONO 220. PAN A		- w

		TY OF GUA							
<u>Sche</u>		T FOUNDAT						-045 <u>723</u> 3	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures,	or Other	Similar A	Assets(contin	ued)
3	Using the organization's acquisition, accessic (check all that apply)	n, and other record	ds, checi	k any of the	following tha	at are a sig	nificant use	of its collection	items
а	Public exhibition	ď	. 🗀	l nan or evo	hange progr	ams			
b	Scholarly research			Other	nange progr	umo			
c	Preservation for future generations	•	,,	Other					
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or							III Fait Aiii.	
3	to be sold to raise funds rather than to be ma		-			iei Siiiiiai a	155612	Yes	☐ No
Par	t IV Escrow and Custodial Arrang					"Vec" to E	orm 000 Pa		
	reported an amount on Form 990, Part	X, line 21						irt iv, iirle 9, or	
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	contribution	ns or other as	ssets not ir	ncluded		
	on Form 990, Part X?							└── Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing t	table					
	_							Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f	1 1	
	Did the organization include an amount on Fo						y?	└── Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete if							1	
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	1) Three years	back (e) Four	years back
	Beginning of year balance								
	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities							Į	
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balan	ce (line 1	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	ld equal 100%							
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	ind administe	ered for the	e organizatio	on _	
	by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	"Yes" to Form 99), Part IV	, line 11a S	See Form 990), Part X, III	ne 10.		
	Description of property	(a) Cost or obasis (invest			or other (other)		cumulated reciation	(d) Book	value
1a	Land			5,61	6,469.			5,610	5,469.
ь	Buildings				-		· · · · · · · · · · · · · · · · · · ·		
	Leasehold improvements								
	Equipment			3	8,184.		21,919	. 10	5,265.

5,632,734.

d Equipment e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2014	ENDOWMENT	FOUNDATION,	INC
301 Equie D (F0111 330) 2014		1 001121111	

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Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	233,322.	END OF VEAD	MADVED	77 A T T T T T T T T T T T T T T T T T T
(A) BANK OF GUAM STOCK	433,344.	END-OF-YEAR	MARKEI	VALUE
(B) PRIMEVEST & SMITHBARNEY	7 472 214	END-OF-YEAR	MADEEM	אוודי
(C) SECURITIES	7,473,214.	END-OF-IEAR	MARKEI	VALUE
(D) PRIMEVEST & SMITHBARNEY	968,321.	END-OF-YEAR	MADVED	VATITE
(E) SECURITIES	900,341.	END-OF-IEAR	MARKET	VALUE
(F)				
(G)				
(H)	0 674 057			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	8,674,857.			
Part VIII Investments - Program Related.		•		
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of Valuati	on. Cost or end	-of-year market value
(1)				·
(2)				
(3)				
(4)				
(5)				
(6)	+			
(7)				
(8)				
(9)		<u></u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets.	. F	44 1 0 - F 000 D4	/ lun = 45	
Complete if the organization answered "Yes"	To Form 990, Part IV, line Description	11d. See Form 990, Part)	K, line 15	(b) Book value
				(b) Book Value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)				 -
(3)			····	
(4)				
(5)				·
(6)				
(7)				<u>.</u> -
(8)				
(9)	0.15)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities.	e 15)	·		
Complete if the organization answered "Yes"	to Form 000 Port IV line	110 or 11f Coo Form 000	Port V line 25	
(a) Description of liability		(b) Book value	, Fait A, line 25	·
		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)	-			
(9)	e 25.)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	© £3./ ▶			
2. Liability for uncertain tax positions. In Part XIII, provide		o the organization's finan	rial statements	that reports the

Sche	dule D (Form 990) 2014 ENDOWMENT FOUNDATION, INC	•	66-0457233 Page 4
Par		nents With Revenue per	Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12:	a	
1	Total revenue, gains, and other support per audited financial statements		1 8,244,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a 490,934	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	7
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e 490,934.
3	Subtract line 2e from line 1		3 7,753,486.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b -119,277	<u>. </u>
С	Add lines 4a and 4b		4c -119,277.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 7,634,209.
Pai	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses pe	er Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a	
1	Total expenses and losses per audited financial statements		1 789,274.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
ь	Prior year adjustments	2b]
С	Other losses	2c] [
d	Other (Describe in Part XIII)	2d 119,277	
	Add lines 2a through 2d		\bigcap_{2e} 119,277.
3	Subtract line 2e from line 1		3 669,997.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	7
	Add lines 4a and 4b		7 _{4c} 0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 669,997.
	t XIII Supplemental Information.		
_	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa	art IV. lines 1b and 2b; Part V. lin	e 4. Part X. line 2. Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		, , ,
	and 15, and 1 arring into 22 and 16,7 not complete and part to provide any a		
		•	<u></u>
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:		
FU	NDRAISING EVENTS DIRECT EXPENSES		
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:		
		•	
FU	NDRAISING DIRECT EXPENSES		
SCI	HEDULE D		
FUI	NDRAISING EXPENSES WERE RECLASSIFED FROM	EXPENSES TO DIRE	CT EXPENSES OF
ווזק	NDRAISING EVENTS IN THE STATEMENT OF REVE	NUES.	
<u> </u>	DESCRIPTION OF REVE		

	UNIVERSITY OF GUAM		
Schedule D (Form 990) 2014 Part XIII Supplemental Information	ENDOWMENT FOUNDATION,	INC.	66-0457233 Page 5
Supplemental Info	mation (continued)		
			
			· · · · · · · · · · · · · · · · · · ·
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40005			Schedule D (Form 990) 2014

432055 10-01-14

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990

OMB No 1545-0047

Open to Public Inspection

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 Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes L No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) to (or retained by) (ii) Activity 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

Sch	Schedule G (Form 990 or 990 EZ) 2014 ENDOWMENT FOUNDATION, INC. 66-0457233 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000					
Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or lundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000
				ANNUAL	(c) Other events	(d) Total events
				CHAMORRO FES	1	(add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Jue			(Overk type)	(event type)	(total Hambol)	
Revenue	1	Gross receipts	681,199.	100,815.	134,883.	916,897.
	2	Less ⁻ Contributions				
	3	Gross income (line 1 minus line 2)	681,199.	100,815.	134,883.	916,897.
	4	Cash prizes				
Se	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	40,235.	56,213.	22,829.	119,277.
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)	;	•	119,277.
	11	Net income summary Subtract line 10 from li	ne 3, column (d)			797,620.
Pa	rt I	~ · · · · · · · · · · · · · · · · ·	answered "Yes" to Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			T***	
	6	Volunteer labor	Yes %	Yes% No	Yes % No	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)		<u>></u>	
	En	ter the state(s) in which the organization condi				
а	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses re	•	•	year?	Yes No
	_					· . <u> </u>
						

Sch	edule G (Form 990 or 990-EZ) 2014 ENDOWMENT FOUNDATION, INC.	<u> 56-04</u>	<u> 457233</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in			
	The organization's facility	1	13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	.s		
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
t	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	nt		
	of gaming revenue retained by the third party > \$			
(If "Yes," enter name and address of the third party			
	Name			
	Address ▶			
16	Gaming manager information			
	Name >			
	Gaming manager compensation ▶ \$			
	Description of services provided	<u> </u>		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
47	Mandatory distributions			
17	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	□ No
,	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		,,,
	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III	art III, Iır	es 9, 9b, 1	0b, 15b,
_	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)			
				
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432	083 08-28-14 Schedule (G (Form	990 or 99	0-EZ) 2014

	UNIVERSITY OF GUAM	•	
Schedule G (Form 990 or 990-EZ) Part IV Supplemental Inform	ENDOWMENT FOUNDATION,	INC.	66-0457233 Page 4
Part IV Supplemental Info	rmation (continued)		
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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,

▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

► Information about Schedule I (Form 990) and its instructions is at www lrs gov/form990.

Employer identification number Inspection

66-0457233

2 | ROJECTS, AND PROGRAMS AT TO FUND THE EDUCATIONAL THE UNIVERSITY OF GUAM. (h) Purpose of grant or assistance CTIVITIES, PLANS, X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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) 。 (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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 200,000 cash grant (c) IRC section if applicable INC. 501(C)3 ENDOWMENT FOUNDATION, General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government MANGILAO, GU 96923 UNIVERSITY OF GUAM UOG STATION Part Part

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

432101 10-15-14

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION, INC.

Page 2

66-0457233

Schedule I (Form 990) (2014) ENDOWMENT FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

(f) Description of non-cash assistance									
(e) Method of valuation (book, FMV, appraisal, other)			dditional information	RECIPIENTS	UAL.				
(d) Amount of non- cash assistance			(b), and any other a	SCHOLARSHIP	AMOUNTS GRANTED PER INDIVIDUAL.				
(c) Amount of cash grant			e 2, Part III, column	FOR ALL SC	GRANTED P				
(b) Number of recipients			uired in Part I, lin	RECORDS		:			
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	 RGANIZATION MAINTAINS PROPER	INCLUDING ELEGIBILITY CRITERIA AND				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No 1545-0047

Inspection

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. irs. gov/form990
UNIVERSITY OF GUAM
Emplo Name of the organization Employer identification number ENDOWMENT FOUNDATION, INC. 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.