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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2016

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

▶ 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.lrs.gov/form990.

Open to Public Inspection

~ 1	for the 2	to 15 calendar year, or tax year beginning and	enaing _				
B	Check if	C Name of organization		D Employer identification number			
_	Address	UNIVERSITY OF GUAM					
늗	change Name	ENDOWMENT FOUNDATION, INC.		66-0457233			
H	lchange lnitial	Doing business as	D	 			
늗	return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 671 – 735 – 2956			
	lreturn/ termin-	UOG STATION POST OFFICE		0.00 0.00			
_	ated Amended	City or town, state or province, country, and ZIP or foreign postal code MANGILAO, GU 96923			<u>.</u>		
F	lreturn □Applica-	F Name and address of principal officer JANIECE A. SABLAN		H(a) is this a group return for subordinates? Yes X N			
_	Lión pending	SAME AS C ABOVE					
			or 527	H(b) Are all subordinates included? Yes N	0		
		npt status	01 32/	4			
<u>J '</u>	website:	rganization: X Corporation	I Vear	H(c) Group exemption number ▶ of formation: 1989 M State of legal domicile: G	TT		
		Summary ODTCINAL.	I L TCai	or formation. 1505 M state or legal dofficile.			
		riefly describe the organization's mission of most significant activities: TO F	OSTER	AND PROMOTE THE			
Governance	'	ROWTH, PROGRESS AND GENERAL WELFARE OF			_		
Паг	_	heck this box I if the organization discontinued its operations or dispose			_		
ver	,	umber of voting members of the governing body (Part VI, line 1a)	sea or mon	1 . 1	9		
Ĝ	1			3 4	9		
త	l	umber of independent voting members of the governing body (Part VI, line 1b) otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0		
ij	1	···			5		
Activities &	Į.	otal number of volunteers (estimate if necessary)			<u>-</u>		
Ą	1	otal unrelated business revenue from Part VIII, column (C), line 12 et unrelated business taxable income from Form 990-T, line 34			•		
	D IN	et unrelated business taxable income from Form 990-1, line 34			<u>•</u>		
	8 C	ontributions and grants (Part VIII, line 1h)	-	Prior Year Current Year 6,785,128. 339,852	_		
Revenue	i		0. 333,032	_			
		rogram service revenue (Part VIII, line 2g) vestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	41,461. 229,844	· • ·		
æ			 	807,62077,227			
	11 O	ther revenue (Part VIII, column (A), lines 5, 6d, 8c (9c) 9c, and te) otal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	7,634,209. 492,469			
	13 G	rants and similar amounts paid (Part IX, Courn, (A), lines \$37,016		200,500. 200,000			
	14 B	enefits paid to or for members (Part IX, Getymn (A), line 4)	_ ├	0. 200,000	<u> </u>		
	I	alaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10)	-	209,853. 220,008	<u>•</u>		
ses	15 S	rofessional fundraising fees (Part IX, column (ADGDEN, UT	-	0. 220,000	_		
Expenses	10a Pi		31.		<u>•</u>		
Ĕ	47 0			259,644. 711,390	`		
	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	⊢	669,997. 1,131,398			
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	├ -	6,964,212638,929			
- 8	19 R	evenue less expenses. Subtract line 18 from line 12	- 		÷		
ets o	20 -	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	0	eginning of Current Year End of Year 18,566,060. 17,874,402	-		
SSe	20 T	otal assets (Part X, line 16) otal liabilities (Part X, line 26)	-	180,604. 127,875			
Net Asse	21 10	et assets or fund balances Subtract line 21 from line 20	-	18,385,456. 17,746,527			
		Signature Block		10,303,430. 17,740,327	÷		
		es of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	gents, and to the best of my knowledge and belief it is	_		
		and complete. Declaration of preparer (other than officer) is based on all information of wi			•		
	1, 0011001,	and complete the outland of propagation of the outland of the outl	non proparo	1 1 15/16	_		
Si.		Signature d'officer		Date	_		
Sig	١.	JANIECE A. SABLAN, EXECUTIVE DIRECTOR					
He		Type or print name and title			- =		
_		Print/Type preparer's name Preparer's name	$\overline{}$	Date Check PTIN	一 片		
Paid JENNIE L. CHIU JENNIE L. CHIU "15 (10 gell-employed P0143796							
	_	irm's name ▶ DELOITTE & TOUCHE LLP		Firm's EIN > 98-0047535	– <i>€</i> ⁄⁄		
		rm's address 361 SOUTH MARINE CORPS DRIVE		7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_		
300	را (TAMUNING, GU 96913-3973		Phone no. (671) 646-3884			
140		6 discuss this return with the preparer shown above? (see instructions)		1 47			
ма	y the IRS	o discuss this return with the preparer shown above (see instructions)		Yes N	<u> </u>		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



Form	UNIVERSITY OF GUAM 990(2015) ENDOWMENT FOUNDATION, INC.	66-0457233	Page 2
	rt III Statement of Program Service Accomplishments	00007200	rage z
			X
1	Briefly describe the organization's mission TO FOSTER AND PROMOTE THE GROWTH, PROGRESS AND GENERAL		E
	UNIVERSITY OF GUAM. TO SOLICIT, RECEIVE, ADMINISTER AND		
	GIFTS, GRANTS AND BEQUESTS OF PROPERTY OF EVERY KIND, A		<u>IS</u>
	PROPERTY IN TRUST IN SUCH A MANNER THAT THE FOUNDATION	DEEMS	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes 🖸	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🗀	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses	
·	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported	oro, trio total experience, an	
4a	200 000	nue \$ 310,0	34
48	(Code) (Expenses \$ 200,000. including grants of \$ 200,000.) (Reveruntive State of S		
	NECESSARY TO IMPLEMENT VARIOUS CONSTRUCTION AND REMODEL		
		ING PROJECTS	FUR
	THE UNIVERSITY.		
			
			
			
41-	(Code) (Expenses \$ 3,275. including grants of \$ 3,275.) (Rever	nue \$ 339,8	52
4b	(Code) (Expenses \$ 3,275 · including grants of \$ 3,275 ·) (Rever ENDOWED SCHOLARSHIPS · THE ENDOWED SCHOLARSHIPS LIST INC		
	SCHOLARSHIPS FOR WHICH THE FOUNDATION RECEIVES MONIES A	ND DISBURSES.	
		 -	
			
40	(Code) (Expenses \$ 318,996 • including grants of \$ 318,993 •) (Rever		
40	(Code) (Expenses \$ 318,996 including grants of \$ 318,993) (Rever VARIOUS MISCELLANEOUS PROJECTS INCLUDING CENTER FOR ISL	AND	⁾
	SUSTAINABILITY, SCHOOL OF BUSINESS & PUBLIC ADMINISTRAT		<u> </u>
		TOM, COUPERE (Or_
	LIBERAL ARTS AND SOCIAL SCIENCES.		

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$ 522,271.

) (Revenue \$

66-0457233

Form 990 (2015)

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION, INC.

Pai	t IV Checklist of Required Schedules			
,			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	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	<u> </u>	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	l	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			۱
	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, VII, VIII, IX, or X			l
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	-	<u> </u>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d .		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
16	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 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,	16		Δ.
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\vdash	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

complete Schedule G, Part III

66-0457233 Page 4

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION, INC.

Form 990`(2015) ENDOWMENT FOUNDATI
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	<u> </u>	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			ا ۔۔
	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	İ	1	ł
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	j	ŀ	ŀ
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	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	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	ĺ.,		.,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۹,
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	ا ا		v
0 5-	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Α
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	255		
20	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?			Х
~~	If "Yes," complete Schedule R, Part V, line 2	36	_	Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0.0	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	_	(0045)

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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)?	-
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b If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 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
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)?	x
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	x
	x
I. M. D.V II A A	
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
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1
any contributions that were not tax deductible as charitable contributions?	<u> </u>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	
were not tax deductible?	4
7 Organizations that may receive deductible contributions under section 170(c).	
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? 7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	+
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	x
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d	+~
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	+-
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	+
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h	1-
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?	
9 Sponsoring organizations maintaining donor advised funds.	
a Did the sponsoring organization make any taxable distributions under section 4966?	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	
10 Section 501(c)(7) organizations. Enter	
a 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	ŀ
a Gross income from members or shareholders	-
b Gross income from other sources (Do not net amounts due or paid to other sources against	,
amounts due or received from them)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	—
b 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.	╁—
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schodule O	+
Note. See the instructions for additional information the organization must report on Schedule O	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year?	 x
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	+
Form 99	0 (2015)

66-0457233 Page 6

Form 990 (2015) 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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management			т —						
4.	Extraction resembles and the second s	9	Yes	No						
Ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body as if the government is a second members of the government body.	긕								
	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.		1							
ь		9		ļ						
2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-1								
_	officer, director, trustee, or key employee?	- - -		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		<u> </u>						
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X						
5										
6	Did the organization have members or stockholders?	5	 	X						
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1	 							
•	more members of the governing body?	7a		х						
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	70								
	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:	1.5								
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		<u> </u>	-						
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section 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		X						
b	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?									
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		X						
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in 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	<u> </u>	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent			1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	, ,	;						
	The organization's CEO, Executive Director, or top management official	15a	ļ.,	X						
a	Other officers or key employees of the organization	15b	X							
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			,						
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		·	- •-						
h	taxable entity during the year?	16a	┝─┤	X						
U	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		1	1						
	exempt status with respect to such arrangements?	405								
Sec	tion C. Disclosure	16b								
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	مام							
	for public inspection. Indicate how you made these available. Check all that apply.	, availat								
	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, a	nd finan	cıal							
	statements available to the public during the tax year	19411								
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►									
	HOG STATION MANGILAO GU 96915									

ENDOWMENT FOUNDATION, INC.

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U	J –	v	*	J	•	4	J	J	

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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

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)	<u> </u>)			(D)	(E)	(F)	
Name and Title	Average	l	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of	
	week	officer and a director/truste					tee)	from	from related	other	
	(list any	Individual frustee or director						the	organizations	compensation	
	hours for related	or d	يوا	١.,		sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the	
	organizations	ustee	Institutional trustee		99	ubeu		(VV-2/1099-MISC)		organization and related	
	below	를	tous		ploy	st co	ایا			organizations	
	line)	l de	igt i	Officer	Key employee	Highest compensated employee	Former				
(1) DR. WILFRED LEON GUERRERO	2.00							· · · · · · · · · · · · · · · · · ·			
DIRECTOR		Х						0.	0.	0.	
(2) DR. SAIED SAFABAKHSH	2.00					_					
DIRECTOR		Х		Х				0.	0.	0.	
(3) DR. ROBERT UNDERWOOD	2.00										
PRESIDENT & EXECUTIVE SECR		X		X				0.	0.	0.	
(4) GEORGE CHIU	2.00										
TREASURER		X		Х				0.	0.	0.	
(5) JESSE A. LEON GUERRERO	2.00										
CHAIRMAN		$\mathbf{X}_{\underline{}}$		X				0.	0.	0.	
(6) JOHN T. CALVO	2.00										
DIRECTOR		X			L			0.	0.	0.	
(7) JOSEPH F. ADA	2.00										
VICE CHAIRMAN		X			L.			0.	0.	0.	
(8) DAVID JOHN	2.00										
DIRECTOR		X						0.	0.	0.	
(9) FRANCISCO TAITANO	2.00]									
DIRECTOR		X	L		<u> </u>	L		0.	0.	0.	
(10) ELAINE JONES	2.00]			ļ	1					
DIRECTOR		X			L	L_		0.	0.	0.	
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Part	90 (2015) ENDOWMEN'I				_				· · · · · · · · · · · · · · · · · · ·	·	13/23	<u> </u>	Page 8
rait			рюу	ees			gne	st C			$ \tau$ $-$		
•	(A) Name and title	(B) Average hours per week	box offic	not c , unle	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estima amoun othe	ited it of er
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	SC) o	ompens from to organiza and rela rganiza	the ation ated
								_					
				_			_	_			_		<u> </u>
					ļ								
													
		_											
	Sub-total Fotal from continuation sheets to Part VI	I, Section A			.	•		▶	0.		0.		0.
	Fotal (add lines 1b and 1c)								0.		0.		0.
	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed a	bov	e) wi	ho r	eceived more than \$100	0,000 of reportabl	9		0
	Did the organization list any former officer,			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		Yes	
4	ine 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related organizations greater than \$15(ım of reportab	le co						•	the organization	4	-	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	from	any	unr			idual for services	5		×
	on B. Independent Contractors												
	Complete this table for your five highest control in the organization. Report compensation for the organization for the organization for the organization for the organization for the organization.										pensation	1 from	
	(A) Name and business	address	N	INC	E				(B) Description of s	services		(C) censati	on
													

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

0

\$100,000 of compensation from the organization

66-0457233

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INC. ENDOWMENT FOUNDATION, Revenue excluded from tax under sections 512 - 514 Form 990 (2015) Check if Schedule O contains a response or note to any line in this Part VIII Statement of Revenue **(B)** Unrelated Part VIII Related or business Total revenue exempt function revenue revenue 1a 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b b Membership dues 1c c Fundraising events 10 d Related organizations 1e e Government grants (contributions) All other contributions, gifts, grants, and 339,852 similar amounts not included above 339,852 g Noncash contributions included in lines 1a-1f \$___ Total. Add lines 1a-1f **Business Code** Program Service Revenue All other program service revenue 229,844 Total. Add lines 2a-2f Investment income (including dividends, interest, and 229,844. Income from investment of tax-exempt bond proceeds (II) Personal Royalties (ı) Real 5 6 a Gross rents b Less' rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See a 310,034 -77,227. ь 387,261. Part IV, line 18 -77,227 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a 229,844. Form **990** (2015) d All other revenue 492,469. e Total. Add lines 11a-11d Total revenue. See instructions.

ENDOWMENT FOUNDATION, INC.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a respon				
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	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				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	ŀ		ļ	
	organizations, foreign governments, and foreign				1
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	
	trustees, and key employees				
6	Compensation not included above, to disqualified		i		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	220,008.	182,607.	28,601.	8,800.
7	Other salaries and wages	220,000.	102,007.	20,001.	0,600.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits Payroll taxes				
10 11	Fees for services (non-employees):				
ıı a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)	16,329. 1,450.	13,553. 1,203.	2,123.	653.
12	Advertising and promotion	1,450.	1,203.	189.	58.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,624.	2,178.	341.	105.
18	Payments of travel or entertainment expenses		1	l .	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1,317.	1,093.	171.	53.
22	Depreciation, depletion, and amortization	1,31/•	1,033.	1/1.	
23	Insurance Other expenses Itemize expenses not covered				
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)				1
	amount, list line 24e expenses on Schedule 0.) INVESTMENT	543,120.		543,120.	
a		117,300.	97,359.	15,249.	4 602
b	CONTRACTUAL SERVICES MISCELLANEOUS	27,156.	22,540.	3,530.	4,692. 1,086.
C	PRINTING	1,547.	1,284.	201.	62.
d		547.	454.	71.	22.
	All other expenses Total functional expenses. Add lines 1 through 24e	1,131,398.	522,271.	593,596.	15,531.
25 26	Joint costs. Complete this line only if the organization		322,2,10		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	}		1	
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2015)

Form 990 (2015)
Part X | Balance Sheet ENDOWMENT FOUNDATION, INC.

てス	Balance Sneet				
	Check if Schedule O contains a response or not	e to any line in this Part X			
			(A)		(B)
					End of year
1	Cash - non-interest-bearing		1,492,903.	1_	515,912.
2	Savings and temporary cash investments	Ì		2	
3	Pledges and grants receivable, net	Į	2,762,233.	3	2,386,907.
4	Accounts receivable, net		4		
5	Loans and other receivables from current and for	rmer officers, directors,			
	trustees, key employees, and highest compensation	ated employees Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disquali	fied persons (as defined under			
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		•			
	employees' beneficiary organizations (see instr)		6		
7	Notes and loans receivable, net	ļ		7_	<u> </u>
8	Inventories for sale or use	ļ		8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or other				
	basis Complete Part VI of Schedule D	10a 5,663,808.	5 600 504		5 60 5 1 5 1 6 TH
b	Less: accumulated depreciation	10b 26,266.	5,632,734.		5,637,542.
11	Investments - publicly traded securities		0.654.055		224
12	Investments - other securities See Part IV, line	8,674,857.		9,334,041.	
13					
14	Intangible assets		_		
15	Other assets See Part IV, line 11				0.
16		al line 34)			17,874,402.
	•		180,804.		127,875.
			_		
				_	<u> </u>
	•				
				21	
22					
		es, and disqualified persons.			
	·	ated thurd partice			
					
	• •	,			
25					
ļ	•	11 24) Complete Fait X Ci		25	
26			180,604.		127,875.
<u>-~~</u>), check here X and			
	_	• •			,
27	•		700,890.	27	17,746,527.
l			17,177,965.		0.
		506,601.	29	0.	
	•	SC 958), check here 🕨 🗔			
1	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
	• • • • • • • • • • • • • • • • • • • •		31		
31	Paid-in or capital surplus, or land, building, or ed			i e	
31	• • • • • • • • • • • • • • • • • • • •	T T		32	
	Paid-in or capital surplus, or land, building, or ed Retained earnings, endowment, accumulated in Total net assets or fund balances	T T	18,385,456. 18,566,060.		17,746,527. 17,874,402.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 29 29 29 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Check if Schedule O contains a response or noted. Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and for trustees, key employees, and highest compensate part II of Schedule L Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect employees' beneficiary organizations (see instr) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities See Part IV, line 1 Investments - program-related See Part IV, line 1 Intrangible assets Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equitable payable) Escrow or custodial account liability. Complete I Loans and other payables to current and former key employees, highest compensated employee Complete Part II of Schedule L Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, paparties, and other liabilities not included on lines Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and Unrestricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (Asc 958 complete lines 30 through 34.	1 Cash · non-interest-bearing 2 Savings and temporary cash investments 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(e)(3)(B), and contributing employers and sponsoring organizations of section 501(e)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 1 Investments - publicly traded securities 1 Investments - program-related. See Part IV, line 11 1 Investments - program-related. See Part IV, line 11 1 Intangible assets 10 Other assets. See Part IV, line 11 11 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 20 Complete Part II of Schedule L 21 Secured mortgages and notes payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Other liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 1 Torganizations that follow SFAS 117 (ASC 958), check here 1 Temporarily restricted net assets 1 Temporarily restricted net assets 1 Temporarily restricted net assets 1 Organizations that do not follow SFAS 117 (ASC 958), check here 1 and complete lines 30 through 34.	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing 1,492,903.	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1, 492,903, 1 1, 492,903, 1 1, 492,903, 1 2, 3avings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustess, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(6), 30(6), and contributing employees and sponsoring organizations of section 501(c)(8) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part V of Schedule D 1 Investments - publicly traded securites 1 Investments - publicly traded securites 1 Internative program-related See Part IV, line 11 1 Investments - publicly traded securites 1 Internative program-related See Part IV, line 11 1 Total assets. Add lines 11 through 15 (must equal line 34) 1 Response or custodial account liabilities 1 Escrow or custodial account liabilities 1 Escrow or custodial account liabilities 2 Escrow or custodial account liabilities 2 Escrow or custodial account liabilities 2 Escrow or custodial account liabilities 3 Secured mortgages and notes payable to unrelated third parties 4 Organizations that follow SFAS 117 (ASC 958), check here 2 Investment assets 3 Permanently restricted net assets 4 Organizations that do not follow SFAS 117 (ASC 958), check here 2 Investment and complete lines 30 through 34.

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION, 66-0457233 INC. Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 492,469 Total revenue (must equal Part VIII, column (A), line 12) 1 131,398. 638,929. 2 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 18,385,456. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 Investment expenses 7 8 8 Prior period adjustments Ō. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33. 17,746,527. column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο 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. 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 Both consolidated and separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? 2b 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 □ Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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Form 990 (2015)

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

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

UNIVERSITY OF GUAM Employer identification number Name of the organization ENDOWMENT FOUNDATION, INC. 66-0457233 Part 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 (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). 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 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. 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. 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. J 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (I) Name of supported (iv) is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1.9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

66-0457233 Page 2

Schedule A (Form 990 or 990 EZ) 2015 ENDOWMENT FOUNDATION, INC. 66-04572

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	443,312.	368,423.	182,717.	6,785,128.	339,852.	8,119,432.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		l				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	i					
	the organization without charge						
4	Total. Add lines 1 through 3	443,312.	368,423.	182,717.	6,785,128.	339,852.	8,119,432.
	The portion of total contributions						
_	by each person (other than a					ap	
	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						8,119,432.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	443,312.	368,423.	182,717.	6,785,128.	339,852.	8,119,432.
	Gross income from interest,					000,000	
٠	dividends, payments received on						
	securities loans, rents, royalties					l	
	and income from similar sources	222,541.	264.237.	180,763.	179.409.	229,844.	1,076,794.
۵	Net income from unrelated business	224,322	202/2070	200,7007		223,0110	2,010,154.
3	activities, whether or not the						
		ı					
40	business is regularly carried on						
10	Other income Do not include gain					1	
	or loss from the sale of capital					1	
44	assets (Explain in Part VI) Total support, Add lines 7 through 10			·			9,196,226.
	••	ata (aga matruatu				12 5	766,766.
	Gross receipts from related activities,	**	•	al formate on 6,645 and			, 100, 100.
13	First five years. If the Form 990 is for	•	s irst, second, trur	a, iourth, or fifth ta	ix year as a sectio	n 50 i (c)(3)	▶□
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage		·		
	Public support percentage for 2015 (column (fl)	 1	14	88.29 %
	• • • • • • • • • • • • • • • • • • • •			Joich (i))		15	0.17
	Public support percentage from 2014 33 1/3% support test - 2015. If the			n line 12 and line:	 1.4 to 22 1/20/ or w		
100	• •	•		•	14 15 33 17370 01 11	iore, check this bo	× and ▶ X
	stop here. The organization qualifies		=		lung 15 in 22 1/20/	or mara abaak th	
U	33 1/3% support test - 2014. If the	-			IIIIe 13 15 33 17376	or more, check in	IS DOX
47-	and stop here. The organization qua	· ·			12 160 - 165 -	ned lime 4.4 in 4.00/	
178	10% -facts-and-circumstances tes	=					
	and if the organization meets the "facts and every materials."				•	t vi now the organ	Zadon
	meets the "facts-and-circumstances"	=			-	170	
t	10% -facts-and-circumstances tes	•				•	IU% Of
	more, and if the organization meets to				-		
40	organization meets the "facts-and-cin		-	-	• • • •		
18	Private foundation. If the organization	лі ою поселеска	DOX OF MILE 13, 16	a, 100, 17a, 01 1/L		dule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2015 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	Olovi, pioago dolii,	5.515 / 4.11 /				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received (Do not	'					
	include any "unusual grants.")					l	
2	Gross receipts from admissions,						
	merchandise sold or services per-		İ			İ	
	formed, or facilities furnished in					1	
	any activity that is related to the organization's tax-exempt purpose					1	
3	Gross receipts from activities that		<u> </u>		<u> </u>	 	
•	are not an unrelated trade or bus-]		1	
	iness under section 513					1	İ
4	Tax revenues levied for the organ-				<u> </u>		
•	ization's benefit and either paid to						
	or expended on its behalf			ļ.			
_	The value of services or facilities			 -	 	 	
3	furnished by a governmental unit to					1	
	the organization without charge]	
	J					+	
	Total. Add lines 1 through 5				-	 	
7 ;	Amounts included on lines 1, 2, and						li
	3 received from disqualified persons 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			 			
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	<u></u>	L	<u> </u>	<u> </u>	<u> </u>	
	ction B. Total Support			1	T		
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	<u> </u>		 	 	 -	
108	a Gross income from interest, dividends, payments received on					1	
	securities loans, rents, royalties			1		ì	
	and income from similar sources	<u></u>			 	<u> </u>	
ŀ	Unrelated business taxable income		1			}	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				<u> </u>		
11	Net income from unrelated business					l	
	activities not included in line 10b, whether or not the business is			1		1	1
	regularly carried on					<u></u>	
12	Other income Do not include gain	(ļ				
	or loss from the sale of capital assets (Explain in Part VI.)	<u></u>			<u> </u>	<u> </u>	
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) or	ganization,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2015 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	!			
17	Investment income percentage for 20)15 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶□
ı	33 1/3% support tests - 2014. If the		-				3%, and
	line 18 is not more than 33 1/3%, che	•					· —
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

Schedule A (Form 990 or 990-EZ) 2015 ENDOWMENT FOUNDATION, INC.

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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)

Castian	_	AIL	6		Organizations	
Section	А.	All	Sub	porting	Organizations	

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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 was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
Ì			,
	2 3a		
	3b _		
	3c		ال
	4a		
	4b		
ŀ	40		;
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		-
	9b	-	-
	9c		
	10a 10b 90 or 9		

INC.

Schedule A (Form 990 or 990 EZ) 2015 ENDOWMENT FOUNDATION,

Part IV | Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b b A family member of a person described in (a) above? c 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. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to 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 controlled the organization's activities. If the organization had more than one supported organization, 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 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. 2 supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 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 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 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): The organization satisfied the Activities Test. Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below ь The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) c Activities Test Answer (a) and (b) below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b 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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard **3b**

66-0457233 Page 5

Sche Pa i	dule A (Form 990 or 990 EZ) 2015 ENDOWMENT FOUNDATION, I			06-045/233 Page
				uetione All
1 '	Check here if the organization satisfied the Integral Part Test as a qualifyin	-		uctions. All
Sect	other Type III non-functionally integrated supporting organizations must co on A - Adjusted Net Income	inplete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	\top_{1}		<u> </u>
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	\top		
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
-8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			*
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		<u> </u>
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	• • • • • • • • • • • • • • • • • • • •	
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ţ	. ——	
	emergency temporary reduction (see instructions)	6		L
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ited Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

UNIVERSITY OF GUAM 66-0457233 Page 7 Schedule A (Form 990 or 990 EZ) 2015 ENDOWMENT FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 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 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 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 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) Distributable Underdistributions Amount for 2015 **Excess Distributions** Pre-2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 а b C d From 2013 e From 2014 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2016. Add lines 3 and 4c Breakdown of line 7 8 а c Excess from 2013

d Excess from 2014

e Excess from 2015

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION.

Schedule À	(Form 990 or 990-EZ) 2015 ENDOWMENT	FOUNDATION,	INC.	66-0457233 Page 8
Part VI	Supplemental Information. Provide the Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a	ne explanations required	by Part II, line 10, Part II, line 17a o	r 17b; Part III, line 12; I and 2, Part IV, Section C.
	line 1, Part IV, Section D, lines 2 and 3; Part IV Section D, lines 5, 6, and 8, and Part V, Section (See instructions)	n E, lines 2, 5, and 6. Als	so complete this part of any addition	nal information
				
				
 				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

UNIVERSITY OF GUAM

ENDOMMENT

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ENDOWMENT FOUNDATION, INC.

Employer identification number 66-0457233

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
<u> </u>	organization answered "Yes" on Form 990, Part IV, Iin	ne 6	
		(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	writing that the assets held in donor advise	d funds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
	for charitable purposes and not for the benefit of the donor of	ŭ ŭ	•
	impermissible private benefit?	se devices, or for any other purpose of	Yes No
Pai		ganization answered "Yes" on Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e	~ → ` ` `	rically important land area
	Protection of natural habitat	Preservation of a certific	• •
	Preservation of open space	reservation of a certifi	ed historic structure
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	f a consequation easement on the last
-	day of the tax year	ned conservation contribution in the form of	Held at the End of the Tax Year
_	Total number of conservation easements		2a
а Ь	Total acreage restricted by conservation easements		2b
b	Number of conservation easements on a certified historic str	ricture included in (a)	2c
C	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired	• • • • • • • • • • • • • • • • • • • •	
ū	• • • • • • • • • • • • • • • • • • • •	arter 6/17/06, and not on a historic structur	
_	listed in the National Register Number of conservation easements modified, transferred, re	100000 0 000000 0 00000 0 0 0 0 0 0 0 0	2d
3		reased, extinguished, or terminated by the t	organization during the tax
	year -	nament in Invested N	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		□, □.
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	mandling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ding of welstions, and enforcing concentration	on accompanie di una the vecu
7	s s	aling of violations, and emorcing conservation	on easements during the year
	· ·	vo antiofy the varyyman ate of anatom 170/h	\/4\/\P\/\)
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(n	·····
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati	on accompanie in the server and assessed	
9	•	•	· ·
	include, if applicable, the text of the footnote to the organiza	tion's imancial statements that describes tr	ie organization's accounting for
Da	conservation easements t III Organizations Maintaining Collections o	f Art Historical Treasures or Otl	ner Similar Assets
<u> rai</u>	Complete if the organization answered "Yes" on Form	•	iei Siiiliai Assets.
та	If the organization elected, as permitted under SFAS 116 (AS	,, ,	
	historical treasures, or other similar assets held for public ex		ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
ь	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		S
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	•	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

			NT FOUNDAT		INC.		Oib -			5/233	Page 2
	rt III Organizations Ma										
3	'Using the organization's acquir	isition, accessi	ion, and other record	is, checi	k any of the	following tha	at are a si	gnificant	use of its	collection r	tems
	(check all that apply)										
а	Public exhibition		d			hange progr	ams				
þ	Scholarly research		е		Other						
С	Preservation for future g								_		
4	Provide a description of the or	•			•	•			ose in Pai	t XIII.	
5	During the year, did the organi					•	er sımılar	assets		7	<u> </u>
	to be sold to raise funds rather									_ Yes	L No
Pai	rt IV Escrow and Custo			ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on										
1a	Is the organization an agent, tr	rustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	ıncluded	_	٦	
	on Form 990, Part X?								<u>L</u>	⊔ Yes	L No
b	If "Yes," explain the arrangeme	ent in Part XIII	and complete the fo	llowing	table:						
								├ ─		Amount	
С	Beginning balance							1c			
d	Additions during the year							_1d			
е	Distributions during the year							1e			
f	Ending balance							1f		-	
	Did the organization include ar							ty?		∀es	L No
	If "Yes," explain the arrangement										
Pai	rt V Endowment Fund	IS. Complete								<u>-</u>	
			(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance					<u> </u>					
b											
С	Net investment earnings, gains	s, and losses									
đ	Grants or scholarships					<u> </u>					
е	Other expenditures for facilities	es					1				
	and programs										
f	Administrative expenses	'		L							
g	End of year balance			L	·	<u> </u>					
2	Provide the estimated percent	tage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а		dowment 🕨		%							
b	Permanent endowment		%								
С	Temporarily restricted endown		%								
	The percentages on lines 2a, 2	2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds no	ot in the posse	ession of the organiz	ation the	at are held a	and administe	ered for th	ne organiz	ation	_	
	by									Y	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the re	•	•)				3b	
4	Describe in Part XIII the intend			owment	funds						
Pai	rt VI Land, Buildings, a	• •									
	Complete if the organiz								т		
	Description of prope	erty	(a) Cost or o			t or other		cumulate	ed	(d) Book v	alue
			basis (investi	ment)		(other)	dep	reciation		F 717	760
1a	Land		ļ		5,61	6,469.				5,616,	469.
b	Buildings		ļ								
С	Leasehold improvements				<u> </u>	7 335		26 6			052
d	• •			.	<u> </u>	7,339.		26,2	00.	21,	073.
<u>e</u>					L					F 73F	- 72
Tota	II. Add lines 1a through 1e (Colu	umn (d) must e	equal Form 990, Part	X, colui	mn (B), line	10c)				5,637,	542.

ENDOWMENT FOUNDATION, INC.

66-0457233 Page 3

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value		ation. Cost or end-of	year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A) BANK OF GUAM STOCK	233,322.	END-OF-YEA	R MARKET V	ALUE
(B) PRIMEVEST & SMITHBARNEY				
(C) SECURITIES	9,100,719.	END-OF-YE	R MARKET V	ALUE
(D)				
(E)				
(F)				
(G)		<u>.</u>		
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,334,041.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of		11c. See Form 990, Par	rt X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of value	ation. Cost or end-of	year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		ļ		
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.		L		
	F 000 Dt IV Ima	114 Ca- Faura 000 D-	V 1 4.5	
Complete if the organization answered "Yes" (a) [Description	11d. 366 Form 990, Pa	rt x, line 15.	(b) Book value
	zesonption			(b) DOOK VAIGE
(1)				
(2)		 		
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 9	90, Part X, line 25	
1. (a) Description of liability		(b) Book value		
_(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(5) (6)				
				
(6)				
(6) (7)				
(6) (7) (8) (9)	25) ▶			
(6) (7) (8)		o the organization's fina	ncial statements tha	t reports the

UNIVERSITY OF GUAM ENDOWMENT FOUNDATION

Schedule D (Form 990) 2015 ENDOWMENT FOUNDATION, INC.	66-0457233 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	40
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With	Evnences per Return
the state of the s	Expenses per neturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a	1 1
	
	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	{ }
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIII Supplemental Information.	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b a lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional inform	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	······
FUNDRAISING EVENTS DIRECT EXPENSES	
DADE VII IIVE OD OMIED AD HIGHWENEG.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EININDATCING DIDECE EVDENCEC	
FUNDRAISING DIRECT EXPENSES	
SCHEDULE D	
FUNDRAISING EXPENSES WERE RECLASSIFED FROM EXPENSES	TO DIRECT EXPENSES OF
BURNED LATING BURNING THE MURI CONTROL OF BRURNING	
FUNDRAISING EVENTS IN THE STATEMENT OF REVENUES.	

0.1	UNIVERSITY OF GUAM ENDOWMENT FOUNDATION, INC.	66-0457233 Page 5
Schedule D (Form 990) 2015 Part XIII Supplemental Info	ormation (continued)	00-0437233 Page 5
· Carran Gupplemental init	offination (continued)	
		
·		
		Schedule D (Form 990) 2015
		21 1 1 (. 0 000, LO 10

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" on 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.

OMB No 1545-0047

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. UNIVERSITY OF GUAM Employer identification number Name of the organization ENDOWMENT FOUNDATION, INC. 66-0457233 Fundraising Activities. Complete if the organization answered "Yes" on 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 h Special fundraising events Phone solicitations J In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ☐ 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 (iv) Gross receipts to (or retained by) (i) Name and address of individual (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes 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

		le G (Form 990 or 990-EZ) 2015 ENDOWME			66-	0457233 Page 2
Pa	rt l		_			•
	<u>.</u>	of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	ots greater than \$5,000.
			CELEBRITY	ANNUAL	(c) Other events	(d) Total events
1			CHEFS	CHAMORRO FES	1	(add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue			01 200	145 100	72 625	210 024
æ	1	Gross receipts	91,200.	145,199.	73,635.	310,034.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	91,200.	145,199.	73,635.	310,034.
	4	Cash prizes		[
	4	Casil prizes				
es	5	Noncash prizes				
kpens	6	Rent/facility costs				<u> </u>
Direct Expenses	7	Food and beverages				
۵	8	Entertainment	,	ŀ		i.
	9	Other direct expenses	179,817.	90,795.	116,649.	387,261.
	10	Direct expense summary Add lines 4 through	n 9 in column (d)	· · · · · · · · · · · · · · · · · · ·	>	387,261.
	11	Net income summary Subtract line 10 from I				-77,227.
Pa	irt l		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a		I 2 2 114-1-4-1-4		T
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
Revenue				Jgo.progressings		cor (a) through cor (c)
æ	1	Gross revenue	İ			
	_					
ses	2	Cash prizes		-		
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs			·	
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes%	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)			
٥	En	ter the state(s) in which the organization condi	icts daming activities			
		the organization licensed to conduct gaming a	_			Yes No
		No," explain				
	_					
						
		ere any of the organization's gaming licenses re			/ear·/	└─ Yes └─ No
		Yes," explain:				
	_					

Sch	edule G (Form 990 or 990 EZ) 2015 ENDOWMENT FOUNDATION, INC.	<u> 56-0457233</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	fs 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.		
а	The organization's facility	13a	%
t	An outside facility	13b	%
14	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 amount of gaming revenue retained by the third party > \$	nt	
c	of "Yes," enter name and address of the third party		
	Name ▶		
	Address ►		
16	Gaming manager information		
	Name >		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•	retain the state gaming license?	Yes	□ No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the	
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
_			
			
_			
		<u>-</u>	
_		VF	F7\ 00.4-
5320	183 09-14-15 Schedule (i (Form 990 or 990	-EZ) 2015

Sobodula Č	: /Form 990 or 900 E7	UNIVERSITY OF GUAM ENDOWMENT FOUNDATION,	INC.	66-0457233 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)		
		The training of training of the training of the training of the training of th		
		_		
				
			-	·
				
	_ 			
	······································			
				
	_ - , . .			
			**-	
	·····			
				

532084 04-01-15

SCHEDULE (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

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

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

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. UNIVERSITY OF GUAM ▶ Attach to Form 990.

2015	4:00
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Employer identification number 66-0457233 Open to Public Inspection

ENDOWMENT FOUNDATION,	FOUNDATI	ON, INC.					66-0457233
Part I General Information on Grants and Assistance	ind Assistance						
1 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	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	;
critena used to award the grants or assistance?	stance?						No √ No √ No
	ocedures for monr	toring the use of grant	funds in the United	States			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi	zations and Domesti	c Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be du	\$5,000. Part II can	be duplicated if addit	plicated if additional space is needed	pa			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO FUND THE EDUCATIONAL
UNIVERSITY OF GUAM							ACTIVITIES, PLANS,
0			4	•			PROJECTS, AND PROGRAMS AT
MANGILAO, GU 96923		501(C)3	200,000.	0.			THE UNIVERSITY OF GUAM.
	:						
	and government or	ganizations listed in th	ne line 1 table		•		
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2015)

66-0457233

(Form 990) (2015) ENDOWMENT FOUNDATION, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2015)
Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ured in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION MAINTAINS PROPER I	RECORDS 1	FOR ALL SC	ALL SCHOLARSHIP H	RECIPIENTS	
INCLUDING ELEGIBILITY CRITERIA AND	1	GRANTED P	AMOUNTS GRANTED PER INDIVIDUAL.	JAL.	

Schedule I (Form 990) (2015)

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.

OMB No 1545-0047 Open to Public

► 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

ENDOWMENT FOUNDATION, INC. **Employer identification number** 66-0457233

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