

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07/01, 2019**, and ending **06/30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNIVERSITY OF HAWAII FOUNDATION			D Employer identification number 99-0085260	
	Doing Business As		E Telephone number (808) 376-7800		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1314 SOUTH KING STREET SUITE B				
	City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96814			G Gross receipts \$ 149,352,394.	
F Name and address of principal officer: JOHN HAN 1314 SOUTH KING STREET SUITE B, HONOLULU, HI 96814			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.UHFOUNDATION.ORG			H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1955 M State of legal domicile: HI		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO UNITE DONORS' PASSIONS WITH UH ASPIRATIONS BY RAISING PHILANTHROPIC SUPPORT & MANAGING PRIVATE INVESTMENTS TO BENEFIT UH, THE PEOPLE OF HAWAII, & FUTURE GENERATIONS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	215.
	6 Total number of volunteers (estimate if necessary)	6	27.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,424,134.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	53,711,307.	63,320,456.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,371,056.	9,053,082.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,462,177.	4,360,312.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	67,544,540.	76,733,850.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	15,524,668.	16,936,213.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	10,699,979.	10,112,057.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,820,815.	199,490.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,819,726.	34,300,617.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,243,863.	61,348,887.
19 Revenue less expenses. Subtract line 18 from line 12	7,300,677.	15,384,963.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	543,347,710.	548,406,506.
	22 Net assets or fund balances. Subtract line 21 from line 20.	34,312,172.	32,889,930.
		509,035,538.	515,516,576.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	KARA SHIBATA Type or print name and title	CONTROLLER/ASST TREAS

Paid Preparer Use Only	Print/Type preparer's name CANDACE C CHING	Preparer's signature	Date 5/11/2021	Check <input type="checkbox"/> if self-employed	PTIN P01698370
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207		Phone no. 808-540-2800	
	Firm's address ▶ 1003 BISHOP STREET, SUITE 2100 HONOLULU, HI 96813				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

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

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNIVERSITY OF HAWAII FOUNDATION	Taxpayer identification number (TIN) 99-0085260
	Number, street, and room or suite no. If a P.O. box, see instructions. 1314 SOUTH KING STREET SUITE B	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HONOLULU, HI 96814	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KARA SHIBATA

• The books are in the care of ► 1314 KING STREET, SUITE B HONOLULU HI 96814

Telephone No. ► 808 376-7800 Fax No. ► _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or
► tax year beginning 07/01, 2019, and ending 06/30, 2020.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,560,899. including grants of \$ 10,604,726.) (Revenue \$)

STUDENT AID AND SERVICES - UHF RAISES AND DISTRIBUTES MONEY FOR STUDENT AID, SCHOLARSHIPS, FELLOWSHIPS, GRANTS AND AWARDS TO HELP STUDENTS FULFILL THEIR ACADEMIC POTENTIAL AND ENSURE OUR STATE HAS THE SKILLED PROFESSIONALS IT NEEDS TO FLOURISH.

THESE INCLUDE MERIT-BASED SCHOLARSHIPS, NEED-BASED SCHOLARSHIPS, STUDY ABROAD OPPORTUNITIES AND PROGRAMS THAT HELP BUILD INTERNATIONAL BRIDGES AND CULTURAL VERSATILITY. FELLOWSHIPS HELP UH ATTRACT AND RETAIN OUTSTANDING STUDENTS WHOSE RESEARCH AND CONTRIBUTIONS TO OUR WORLD ARE KEY TO A VIBRANT FUTURE.

4b (Code:) (Expenses \$ 11,000,724. including grants of \$ 3,668,838.) (Revenue \$)

ATTACHMENT 2

4c (Code:) (Expenses \$ 7,711,635. including grants of \$ 1,891,573.) (Revenue \$)

ATTACHMENT 3

4d Other program services (Describe on Schedule O.) ATTACHMENT 4
(Expenses \$ 15,473,782. including grants of \$ 771,076.) (Revenue \$)

4e Total program service expenses ▶ 45,747,040.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I.</i>		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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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 as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (27), 1b (27), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed HI,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records Kara Shibata 1314 South King Street, Suite B Honolulu, HI 96814 808-376-7800

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIM DOLAN PRESIDENT/CEO	40.00 0.			X			492,232.	0.	46,147.	
(2) JASON ONO ASST TREASURER/CFO	40.00 0.			X			161,374.	0.	47,732.	
(3) JUNG SONG INTERIM SR. ASSOCIATE VP - STR	40.00 0.				X		161,674.	0.	29,267.	
(4) MICHAEL COPPES SENIOR EXECUTIVE DIRECTOR OF E	40.00 0.					X	136,828.	0.	48,052.	
(5) HUGH JONES ASST SECRETARY/IN-HOUSE COUNSE	40.00 0.			X			132,509.	0.	41,138.	
(6) JULIE LEVINE EXECUTIVE DIRECTOR OF DEVELOPM	40.00 0.					X	147,077.	0.	25,767.	
(7) JANET BULLARD VP MARKETING AND COMMUNICATION	0. 0.					X	152,412.	0.	19,048.	
(8) KARLA ZARATE-RAMIREZ ASSOCIATE VP - MAJOR GIFTS	40.00 0.					X	137,202.	0.	25,349.	
(9) CHRISTINE KOO ASSOCIATE VP - ADVANCEMENT SER	40.00 0.					X	124,676.	0.	37,232.	
(10) MATT HENRY EXECUTIVE DIRECTOR OF DEVELOPM	40.00 0.					X	132,351.	0.	23,631.	
(11) PAUL KOBAYASHI ASST TREASURER/VP ADMIN/CFO	0. 0.					X	124,129.	0.	17,867.	
(12) JOHN HAN VP/COO	40.00 0.			X			111,025.	0.	11,852.	
(13) KARA SHIBATA ASST TREASURER/CONTROLLER	40.00 0.			X			91,204.	0.	23,865.	
(14) SHARI WALSH ASST SECRETARY/EXEC ASSISTANT	40.00 0.			X			39,145.	0.	8,856.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RICHARD F. WACKER ----- CHARIMAN	.50 ----- 0.	X		X				0.	0.	0.
(16) STANDFORD S. CARR ----- VICE CHAIR	.50 ----- 0.	X		X				0.	0.	0.
(17) WILLIAM E. GRAYSON ----- VICE CHAIR	.50 ----- 0.	X		X				0.	0.	0.
(18) LORI TERANISHI ----- SECRETARY	.50 ----- 0.	X		X				0.	0.	0.
(19) TED PETTIT ----- TREASURER	.50 ----- 0.	X		X				0.	0.	0.
(20) A. CATHERINE NGO ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(21) C. SCOTT WO ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(22) CHRISTINE CHEE-RUITER ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(23) DIANE PALOMA ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(24) ELLIOT LODEN ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(25) ERIC K. MARTINSON ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
1b Sub-total								2,143,838.	0.	405,803.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,143,838.	0.	405,803.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 19

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) HERBERT N. CONLEY, JR. TRUSTEE	.50 0.	X					0.	0.	0.	
(27) JACKSON NAKASONE TRUSTEE	.50 0.	X					0.	0.	0.	
(28) JAMES J. PAPPAS TRUSTEE	.50 0.	X					0.	0.	0.	
(29) JAMES P. LALLY TRUSTEE	.50 0.	X					0.	0.	0.	
(30) KATHLEEN KAGAWA TRUSTEE	.50 0.	X					0.	0.	0.	
(31) KEN MILLER TRUSTEE	.50 0.	X					0.	0.	0.	
(32) KENT R. YOUEL TRUSTEE	.50 0.	X					0.	0.	0.	
(33) LOUISE K.Y. ING TRUSTEE	.50 0.	X					0.	0.	0.	
(34) MARY E. SELLERS TRUSTEE	.50 0.	X					0.	0.	0.	
(35) MICHAEL K. HIRAI TRUSTEE	.50 0.	X					0.	0.	0.	
(36) PETER FUKUNAGA TRUSTEE	.50 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 19

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) PETER GROSSMAN ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(38) RITCHIE MUDD ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(39) ROSITA G. LEONG ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(40) SEAN SUGAI ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(41) SUSAN MURRAY ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 19

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b	216,747.				
	c	Fundraising events	1c	716,985.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	62,386,724.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 11,584,922.				
	h	Total. Add lines 1a-1f			63,320,456.			
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			0.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).		6,620,250.		-1,429,310.	8,049,560.
	4	Income from investment of tax-exempt bond proceeds		0.				
	5	Royalties		43,820.			43,820.	
	6a	Gross rents	(i) Real	324,703.				
			(ii) Personal					
			6a					
	b	Less: rental expenses	6b	42,040.				
	c	Rental income or (loss)	6c	282,663.				
	d	Net rental income or (loss)			282,663.	5,176.	277,487.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	72,299,233.				
			(ii) Other	2,056,169.				
			7a					
	b	Less: cost or other basis and sales expenses	7b	69,609,356.	2,313,214.			
	c	Gain or (loss)	7c	2,689,877.	-257,045.			
	d	Net gain or (loss)			2,432,832.		2,432,832.	
8a	Gross income from fundraising events (not including \$ 716,985. of contributions reported on line 1c). See Part IV, line 18	8a	765,955.					
b	Less: direct expenses	8b	653,934.					
c	Net income or (loss) from fundraising events.			112,021.		112,021.		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
b	Less: direct expenses	9b	0.					
c	Net income or (loss) from gaming activities.			0.				
10a	Gross sales of inventory, less returns and allowances		0.					
			0.					
		10a						
b	Less: cost of goods sold	10b	0.					
c	Net income or (loss) from sales of inventory.			0.				
Miscellaneous Revenue	11a	SERVICE CONTRACTS - UH	Business Code	900099	3,525,511.	3,525,511.		
	b	MEMBERSHIPS	Business Code	900099	255,634.	255,634.		
	c	SPECIAL EVENTS	Business Code	900099	24,723.	24,723.		
	d	All other revenue			115,940.	115,940.		
	e	Total. Add lines 11a-11d			3,921,808.			
	12	Total revenue. See instructions			76,733,850.	3,921,808.	-1,424,134.	10,915,720.

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,813,646.	11,813,646.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,686,945.	4,686,945.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	435,622.	435,622.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,290,029.		1,115,671.	174,358.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	6,768,225.	54,337.	1,621,875.	5,092,013.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	752,434.		271,869.	480,565.
9 Other employee benefits	756,490.	58.	288,701.	467,731.
10 Payroll taxes	544,879.	128.	184,321.	360,430.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	102,346.		74,153.	28,193.
c Accounting	206,455.		206,455.	
d Lobbying	12,500.	12,500.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	1,225,652.		1,225,652.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,549,119.	2,306,029.	141,197.	101,893.
12 Advertising and promotion	1,248,425.	1,021,992.	26,299.	200,134.
13 Office expenses	1,956,002.	1,758,367.	95,502.	102,133.
14 Information technology	263,477.		139,051.	124,426.
15 Royalties	0.			
16 Occupancy	718,901.	40,323.	513,334.	165,244.
17 Travel	1,964,767.	1,885,288.	49,460.	30,019.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,332,791.	1,228,674.	17,999.	86,118.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	192,951.	1,112.	139,167.	52,672.
23 Insurance	152,193.	19,150.	76,542.	56,501.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UH AGREEMENTS	16,610,744.	16,610,744.		
b BAD DEBT	1,324,197.	1,266,738.	53,775.	3,684.
c DONOR DEVELOPMENT COSTS	1,194,035.	1,149,193.	13,818.	31,024.
d REPAIRS/MAINT- EQUIPMENT	449,388.	254,629.	108,153.	86,606.
e All other expenses _____	2,796,674.	1,201,565.	1,418,038.	177,071.
25 Total functional expenses. Add lines 1 through 24e	61,348,887.	45,747,040.	7,781,032.	7,820,815.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,967,338.	1	15,607,235.
	2 Savings and temporary cash investments	4,803,293.	2	420,624.
	3 Pledges and grants receivable, net	35,811,213.	3	26,555,010.
	4 Accounts receivable, net.	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	163,941.	7	219,955.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges ATCH . 6	372,636.	9	228,455.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,229,056.		
	b Less: accumulated depreciation	10b 2,037,607.	10,386,481.	10c 10,191,449.
	11 Investments - publicly traded securities ATCH . 7	191,751,083.	11	139,598,789.
	12 Investments - other securities. See Part IV, line 11	247,939,537.	12	317,670,494.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	37,152,188.	15	37,914,495.
16 Total assets. Add lines 1 through 15 (must equal line 33)	543,347,710.	16	548,406,506.	
Liabilities	17 Accounts payable and accrued expenses	8,553,020.	17	5,617,692.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25,759,152.	25	27,272,238.
	26 Total liabilities. Add lines 17 through 25	34,312,172.	26	32,889,930.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,639,887.	27	4,705,301.
	28 Net assets with donor restrictions	504,395,651.	28	510,811,275.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	509,035,538.	32	515,516,576.	
33 Total liabilities and net assets/fund balances	543,347,710.	33	548,406,506.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,733,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,348,887.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,384,963.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	509,035,538.
5	Net unrealized gains (losses) on investments	5	-9,028,687.
6	Donated services and use of facilities	6	124,762.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	515,516,576.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate 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?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

Employer identification number

99-0085260

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 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).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - 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.**
 - d **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.**
 - e 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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2018 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 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? <i>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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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? <i>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.</i>	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? <i>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.</i>	2b		
3 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? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	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		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section 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 emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10

OTHER INCOME CONSISTS OF FUNDRAISING EVENTS AND FEES, HONORARIA/SERVICES,
AND OTHER MISCELLANEOUS INCOME.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
FUNDRAISING	1,483,395.	1,112,234.	954,908.	1,070,382.	765,956.	5,386,875.
TOTALS	<u>1,483,395.</u>	<u>1,112,234.</u>	<u>954,908.</u>	<u>1,070,382.</u>	<u>765,956.</u>	<u>5,386,875.</u>

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
---	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 3,181,367.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 2,096,026.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 2,000,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 1,637,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF HAWAII FOUNDATION

Employer identification number
99-0085260

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 1,429,511.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,304,656.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNIVERSITY OF HAWAII FOUNDATION

Employer identification number

99-0085260

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	65,790 SHARES OF UBER	\$ 2,000,016.	02/04/2020
5	291 SHR OF MTN, 800 SHR OF BA, 700 SHR OF BABA, 300 SHR OF PRLB, 285 SHR OF GOOG, 100 SHR OF ULTA, 500 SHR OF EPAM, 122 SHR OF AMZN, 10,000 SHR OF CWGIX	\$ 1,885,547.	02/19/2020
		\$	
		\$	
		\$	
		\$	

Name of organization UNIVERSITY OF HAWAII FOUNDATION

Employer identification number
99-0085260

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

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

Name of organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Question and Amount. Rows include questions about dues, section 162(e) expenditures, and aggregate amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C PART II-B, LINE 1I
COMPENSATION PAID TO LOBBYIST FOR LEGISLATIVE AND/OR ADMINISTRATIVE
ACTION IN THE FOLLOWING AREAS: CONSUMER PROTECTION & COMMERCE, EDUCATION,
GOVERNMENT OPERATION & FINANCE, HAWAIIAN AFFAIRS, HEALTH, AND SCIENCE,
TECHNOLOGY & ECONOMIC DEVELOPMENT.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

Employer identification number

99-0085260

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, monitoring, and expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	326,993,437.	321,039,892.	294,688,609.	259,182,813.	267,384,686.
b Contributions	33,132,523.	12,539,154.	18,917,155.	18,651,593.	11,997,767.
c Net investment earnings, gains, and losses	-6,053,358.	4,945,653.	18,379,605.	31,553,466.	-3,682,992.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	12,382,458.	11,531,262.	10,945,477.	14,699,263.	16,516,648.
g End of year balance	341,690,144.	326,993,437.	321,039,892.	294,688,609.	259,182,813.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 18.0000 %
 - b** Permanent endowment ▶ 82.0000 %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,006,330.			2,006,330.
b Buildings	8,377,175.		275,879.	8,101,296.
c Leasehold improvements	69,491.		60,193.	9,298.
d Equipment	1,711,639.		1,637,114.	74,525.
e Other	64,421.		64,421.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,191,449.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) DOMESTIC EQUITY	43,903,029.	FMV
(B) INTERNATIONAL EQUITY	68,971,582.	FMV
(C) HEDGE FUNDS	132,440,588.	FMV
(D) PRIVATE EQUITY SECURITIES	45,850,697.	FMV
(E) NATURAL RESOURCES/REAL ESTATE	26,504,598.	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	317,670,494.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

ATTACHMENT 1	(a) Description	(b) Book value
(1)	CASH SURRENDER VALUE OF INS	199,474.
(2)	GIFT OF REAL ESTATE	1,702,277.
(3)	GIFTS OF SECURITIES	15,773.
(4)	PERPETUAL TRUSTS	11,342,030.
(5)	BENEFICIAL INTEREST IN CRTS	5,036,461.
(6)	REMAINDER OWNERSHIP INTERESTS	12,286,023.
(7)	ACCRUED INTEREST/DIVIDEND	332,185.
(8)	OTHER RECEIVABLES	6,412,450.
(9)	DUE FROM UH	587,822.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶		37,914,495.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	AMOUNTS HELD FOR OTHERS	4,486,859.
(3)	MORTGAGE LOAN	7,400,000.
(4)	PAYROLL TAXES & BENEFITS	864,396.
(5)	OTHER LIABILITIES	2,380,324.
(6)	SPLIT-INTEREST AGREEMENTS	12,140,659.
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		27,272,238.

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 76,733,850.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 61,348,887.

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 and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

ENDOWMENTS ARE MANAGED FOR PRUDENT GROWTH TO ENSURE THE RETURNS PROVIDE FOR PROGRAM SUPPORT PLUS INFLATION. THE PRESENT AND FUTURE REVENUE STREAMS THAT ENDOWED FUNDS GENERATE ALLOW UH TO HIRE FACULTY, IMPLEMENT PROGRAMS, ADVANCE RESEARCH AND SUPPORT OUTSTANDING STUDENTS.

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY NOT SUBJECT TO FEDERAL OR STATE OF HAWAII INCOME TAXES. HOWEVER, THE FOUNDATION IS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON, AND NOT IN FURTHERANCE OF THE PURPOSES FOR WHICH IT WAS GRANTED EXEMPTION. NO INCOME TAX PROVISION HAS BEEN RECORDED AS THE NET INCOME, IF ANY, FROM ANY UNRELATED TRADE OR BUSINESS, IN THE OPINION OF MANAGEMENT, IS NOT MATERIAL TO THE BASIC FINANCIAL STATEMENTS TAKEN AS A WHOLE.

SCHEDULE D, PART XI, LINE 2D

\$653,934 - FUNDRAISING EXPENSES REPORTED NET ON 990 AND GROSS ON
FINANCIAL STATEMENTS

\$42,040 - RENTAL EXPENSES REPORTED NET ON 990 AND GROSS ON
FINANCIAL STATEMENTS

\$695,974

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

\$653,934 - FUNDRAISING EXPENSES REPORTED NET ON 990 AND GROSS ON
FINANCIAL STATEMENTS

\$42,040 - RENTAL EXPENSES REPORTED NET ON 990 AND GROSS ON
FINANCIAL STATEMENTS

\$695,974

ATTACHMENT 1SCHEDULE D, PART IX - OTHER ASSETSDESCRIPTIONBOOK VALUE

DUE FROM AFFILIATES

NONE

DUE TO AFFILIATES

NONE

TOTALS

37,914,495.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

Employer identification number

99-0085260

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

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

Schedule F (Form 990) 2019

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GRANT FUNDING	435,622.	WIRETRANSFER			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1.**

3 Enter total number of other organizations or entities **1.**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

SCHEDULE F, PART II, LINE 1

CALCULATION OF GRANT TOTALS ARE BASED ON ACTUAL WIRE PAYMENTS MADE DURING
THE FISCAL YEAR.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FUNDRAISER	FUNDRAISER	36 .	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	222,435 .	122,000 .	1,070,449 .	1,414,884 .
	2	Less: Contributions	157,219 .	57,116 .	493,276 .	707,611 .
	3	Gross income (line 1 minus line 2)	65,216 .	64,884 .	577,173 .	707,273 .
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	21,159 .	108,130 .	424,799 .	554,088 .
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				554,088 .
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				153,185 .

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

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
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

Employer identification number

99-0085260

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) 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 noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF HAWAII 2500 CAMPUS RD HONOLULU, HI 96822	99-6000354		11,813,646.				UNIVERSITY SUPPORT, RESEARCH, SCHOLARSHI
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) (2019)

Part III 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.

(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
1 SCHOLARSHIPS & GRANTS, INCLUDING STIPENDS & TRAVEL	301.	4,686,945.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

UHF HAS POLICIES IN PLACE FOR PROVIDING GRANT FUNDS TO STUDENTS IN THE FORM OF SCHOLARSHIPS, TRAVEL GRANTS AND AWARDS. GENERALLY, SCHOLARSHIP AND FELLOWSHIP PAYMENTS SPECIFICALLY INTENDED TO COVER ITEMS RELATED TO COST OF ATTENDANCE ARE PROCESSED THROUGH THE UH'S SYSTEM. UHF WILL PAY SCHOLARSHIPS AND FELLOWSHIPS TO STUDENTS DIRECTLY IN RELATION TO TRAVEL, MATERIALS AND/OR RESEARCH. ALL PAYMENT REQUESTS MUST COMPLY WITH UHF'S ACCOUNT ADMINISTRATION POLICY IN ORDER TO BE PROCESSED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

Employer identification number

99-0085260

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	TIM DOLAN PRESIDENT/CEO	(i) 387,962.	(ii) 100,000.	(iii) 4,270.	34,727.	11,420.	538,379.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
2	JASON ONO ASST TREASURER/CFO	(i) 161,374.	(ii) 0.	(iii) 0.	38,483.	9,249.	209,106.	30,878.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
3	JUNG SONG INTERIM SR. ASSOCIATE VP - STR	(i) 161,404.	(ii) 0.	(iii) 270.	19,657.	9,611.	190,942.	24,903.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
4	MICHAEL COPPES SENIOR EXECUTIVE DIRECTOR OF E	(i) 135,520.	(ii) 0.	(iii) 1,308.	37,699.	10,353.	184,880.	39,270.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
5	HUGH JONES ASST SECRETARY/IN-HOUSE COUNSE	(i) 131,735.	(ii) 0.	(iii) 774.	38,379.	2,759.	173,647.	72,053.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
6	JULIE LEVINE EXECUTIVE DIRECTOR OF DEVELOPM	(i) 145,889.	(ii) 0.	(iii) 1,188.	17,015.	8,752.	172,844.	15,094.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
7	JANET BULLARD VP MARKETING AND COMMUNICATION	(i) 152,154.	(ii) 0.	(iii) 258.	16,174.	2,874.	171,460.	53,048.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
8	KARLA ZARATE-RAMIREZ ASSOCIATE VP - MAJOR GIFTS	(i) 137,202.	(ii) 0.	(iii) 0.	17,891.	7,458.	162,551.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
9	CHRISTINE KOO ASSOCIATE VP - ADVANCEMENT SER	(i) 124,496.	(ii) 0.	(iii) 180.	26,416.	10,816.	161,908.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
10	MATT HENRY EXECUTIVE DIRECTOR OF DEVELOPM	(i) 132,351.	(ii) 0.	(iii) 0.	14,500.	9,130.	155,981.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
11	PAUL KOBAYASHI ASST TREASURER/VP ADMIN/CFO	(i) 123,903.	(ii) 0.	(iii) 226.	9,695.	8,172.	141,996.	25,257.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
12		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

PRIVATE BUSINESS CLUB MEMBERSHIP IS PROVIDED TO THE PRESIDENT AND CERTAIN
STAFF FOR BUSINESS USE.

SCHEDULE J, PART I, LINE 4A

PAUL KOBAYASHI JR RECEIVED A SEVERANCE PAYMENT OF \$50,000. JANE BULLARD
RECEIVED A SEVERANCE PAYMENT OF \$85,000.

SCHEDULE J, PART I, LINE 5

AN INCENTIVE PROGRAM IS IN PLACE FOR KEY INDIVIDUALS. IT IS BASED ON
QUANTITATIVE AND QUALITATIVE FACTORS. ONE OF SEVERAL QUANTITATIVE FACTORS
IS FUNDS RAISED.

SCHEDULE J, PART I, LINE 6

AN INCENTIVE PROGRAM IS IN PLACE FOR KEY INDIVIDUALS. IT IS BASED ON
QUANTITATIVE AND QUALITATIVE FACTORS. ONE OF SEVERAL QUANTITATIVE FACTORS
IS FUNDS RAISED AND NET OPERATING RESULTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

Employer identification number

99-0085260

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		160,105.	FMV
5 Clothing and household goods	X		29,705.	FMV
6 Cars and other vehicles.	X	27.	17,246.	FMV
7 Boats and planes	X	1.	150,000.	FMV
8 Intellectual property				
9 Securities - Publicly traded	X	105.	4,666,840.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	21.	6,042,489.	FMV
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	4.	472,130.	FMV
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	2.	100.	FMV
19 Food inventory	X	6.	8,498.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts.	X	1.	3,500.	FMV
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (HORSE)	X	1.	4,000.	FMV
26 Other ▶ (SCANNERS)	X	2.	30,000.	FMV
27 Other ▶ (AIRLINE TICKETS)	X	1.	310.	FMV
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B

UHF USED KOKUA IN KIND, MERRILL LYNCH AND CHARLES SCHWAB TO PROCESS AND
SELL NON-CASH CONTRIBUTIONS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

99-0085260

FORM 990, PART VI, SECTION A, LINE 2

OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES HAVE FAMILY OR BUSINESS RELATIONSHIPS WITH ANOTHER DUE TO THE NATURE OF BUSINESS IN HAWAII. RELATIONSHIPS WERE IDENTIFIED AS PART OF AN ANNUAL QUESTIONNAIRE AND TRANSACTIONS OCCURRED IN THE ORDINARY COURSE OF BUSINESS ON TERMS OFFERED TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 11B

THE FORM 990 IS REVIEWED BY THE CONTROLLER, CFO, SENIOR EXECUTIVE DIRECTOR OF COMMUNICATIONS AND THE GENERAL COUNSEL PRIOR TO PRESENTATION OF A FINAL DRAFT TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES TO REVIEW AND APPROVE. UPON APPROVAL, THE RETURN IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BOARD VIA A PORTAL AND IS THEN ELECTRONICALLY FILED WITH THE IRS. THE FORM 990 IS AVAILABLE ON GUIDESTAR AND ON UHF'S WEBSITE, AS WELL AS UPON REQUEST.

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

UHF HAS A CONFLICT OF INTEREST POLICY FOR EMPLOYEES AND A SEPARATE FORM FOR TRUSTEES. IN ACCORDANCE WITH BOTH POLICIES, ALL EMPLOYEES AND TRUSTEES ARE REQUIRED TO COMPLETE AND CERTIFY AN "ANNUAL CONFLICT OF INTEREST FORM" AT THE BEGINNING OF THE FISCAL YEAR. THE INFORMATION IS COMPILED BY THE GENERAL COUNSEL. ANY POTENTIAL CONFLICTS WITH REGARD TO TRUSTEES ARE BROUGHT TO THE ATTENTION OF THE CFO, COO AND PRESIDENT, AND BROUGHT TO THE BOARD OF TRUSTEE'S AUDIT COMMITTEE TO APPROVE OR

Name of the organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
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DISAPPROVE THE CONFLICT OF INTEREST. SHOULD A CONFLICT OF INTEREST ARISE AT A BOARD MEETING WHERE APPROVAL OF ACTION OR MAJORITY VOTE IS REQUIRED, THE BOARD MEMBER MAY SHARE HIS/HER VIEWS BUT MUST RECUSE HIM OR HERSELF FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15

ANNUALLY, UHF BENCHMARKS THE SALARIES OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CFO, AND VP/COO AT OTHER INSTITUTIONALLY RELATED FOUNDATIONS NATIONWIDE, AS WELL AS NONPROFITS WITHIN THE STATE OF HAWAII. THIS IS DONE THROUGH RESEARCH OF 990S AND THROUGH SALARY SURVEYS OF VARIOUS PROFESSIONAL ORGANIZATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES USES THIS DATA IN CONJUNCTION WITH AN ASSESSMENT OF INDIVIDUAL JOB PERFORMANCE TO DETERMINE THE APPROPRIATE COMPENSATION ADJUSTMENTS FOR THE PRESIDENT/CEO AND VICE PRESIDENTS OF THE ORGANIZATION. THE DOCUMENTATION OF THESE DECISIONS IS PROVIDED TO AND FILED WITH THE HUMAN RESOURCES DEPARTMENT.

FORM 990, PART VI, SECTION C, LINE 19

UHF HAS A PUBLIC INFORMATION POLICY. THIS POLICY SETS OUT THE PRACTICES OF UHF REGARDING DISCLOSURE OF INFORMATION AND DESCRIBES THE EXTENT AND NATURE OF THOSE MATERIALS WHICH WILL BE MADE AVAILABLE TO THE PUBLIC. UHF PROVIDES ACCESS TO THE FOLLOWING DOCUMENTS ON ITS WEBSITE: FORM 990 TAX RETURN FOR THE PREVIOUS THREE YEARS, IRS TAX DETERMINATION LETTER, ARTICLES OF INCORPORATION, ANNUAL REPORT. THE FORM 990 TAX RETURN MAY ALSO BE VIEWED ON GUIDESTAR. ALSO AVAILABLE ON THE WEBSITE IS A LISTING OF UHF'S BOARD OF TRUSTEES AND UHF STAFF. THE CONFLICT OF INTEREST

Name of the organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
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POLICY AND OTHER GOVERNING DOCUMENTS OUTLINED IN THE PUBLIC INFORMATION
POLICY THAT ARE NOT ON THE WEBSITE ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE UNIVERSITY OF HAWAI'I FOUNDATION (UHF) WAS ESTABLISHED IN 1955 TO
ENCOURAGE PRIVATE SUPPORT FOR UH. TODAY IT IS THE CENTRAL FUNDRAISING
ORGANIZATION FOR THE UH SYSTEM, PROVIDING PROFESSIONAL FUNDRAISING
AND ALUMNI ENGAGEMENT SERVICES TO ALL 10 UH CAMPUSES. TO DATE, THE
NONPROFIT UHF HAS RAISED MORE THAN \$1 BILLION TO SUPPORT UH STUDENTS,
FACULTY, RESEARCH AND FACILITIES.

UHF HAS A NUMBER OF SPECIALISTS ON STAFF TO PROVIDE COMPREHENSIVE
FUNDRAISING AND ALUMNI ENGAGEMENT SERVICES. EXPERTISE AREAS INCLUDE
MAJOR GIFTS, CORPORATE AND FOUNDATION GIVING, ANNUAL GIVING, DONOR
STEWARDSHIP, CHARITABLE TAX AND ESTATE AND GIFT PLANNING.

IN ADDITION TO FUNDRAISING, UHF MANAGES THE \$341+ MILLION ENDOWMENT
FOR UH. GENEROUS GIFTS FROM DONORS AND A DISCIPLINED FOCUS ON
INVESTMENT STRATEGIES AND OPPORTUNITIES HELP THE ENDOWMENT GROW OVER
THE LONG TERM, PROVIDING SUPPORT FOR UNIVERSITY OF HAWAI'I PROGRAMS
AND PRIORITIES INTO THE FUTURE. THE TEAM ALSO MANAGES INVESTMENTS
RELATED TO PLANNED GIVING, INCLUDING CHARITABLE GIFT ANNUITIES AND
CHARITABLE REMAINDER TRUSTS.

THE FISCAL SERVICES UHF PROVIDES INCLUDE PROCESSING, ADMINISTERING
AND MANAGING FUNDS FROM GIFTS FOR THE BENEFIT OF UH UNITS AND
CAMPUSES. THE TEAM ALSO ESTABLISHES NEW ACCOUNTS AND MAINTAINS MORE
THAN 6,000 SEPARATE DONOR ACCOUNTS FOR UH.

Name of the organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OUR ALUMNI ENGAGEMENT TEAM IS FOCUSED ON PROVIDING LIFELONG VALUE TO OUR 310,000+ ALUMNI, WHILE ALSO ADVANCING THE UNIVERSITY'S PRIORITIES INCLUDING GROWING STUDENT ENROLLMENT AND SUPPORTING STUDENT RETENTION. BY PARTNERING CLOSELY WITH UH CAMPUS LEADERSHIP, SCHOOLS AND DEPARTMENTS, AND LOCAL AND REGIONAL ALUMNI GROUPS, WE DEVELOP MEANINGFUL PROGRAMS THAT MOBILIZE OUR ALUMNI COMMUNITY, BUILD PRIDE, NURTURE LIFE-LONG LEARNING AND STRENGTHEN AND SUSTAIN RELATIONSHIPS.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

RESEARCH - SCIENTIFIC, TECHNICAL, HUMANISTIC INVESTIGATION, INDIVIDUAL AND/OR PROJECT RESEARCH AS WELL AS GRANTS FOR INSTITUTES AND RESEARCH CENTERS. THE UNIVERSITY OF HAWAI'I FOUNDATION (UHF) HELPS FUEL RESEARCH AND INNOVATION THROUGH STRATEGIC PHILANTHROPIC INVESTMENTS. PRIVATE SUPPORT PLAYS A CRITICAL ROLE IN ENABLING UH RESEARCHERS TO TACKLE OUR WORLD'S CHALLENGES AND IMPROVE OUR QUALITY OF LIFE. WITH ITS UNIQUE GEOGRAPHIC LOCATION IN THE MIDDLE OF THE PACIFIC OCEAN, THE RICH ETHNIC DIVERSITY AND ENVIRONMENTAL ATTRIBUTES, UH HAS BECOME A GLOBALLY RECOGNIZED LEADER FOR ITS PIONEERING RESEARCH IN FIELDS SUCH AS OCEANOGRAPHY, VOLCANOLOGY, ASTRONOMY, PACIFIC ISLANDS AND ASIAN AREA STUDIES, TROPICAL AGRICULTURE, CANCER AND GENETICS. UH'S HIGHLY RANKED ACTIVE RESEARCH PROGRAMS SERVE AS A MAGNET FOR LEADING RESEARCHERS, BUILDING UH CENTERS OF EXCELLENCE IN AREAS

Name of the organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
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ATTACHMENT 2 (CONT'D)

INCLUDING MICROBIOMES, ENDANGERED AND RARE PLANT CONSERVATION AND CLIMATE CHANGE.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

SPECIAL PROGRAMS - DONOR DESIGNATED ACCOUNTS SUPPORT A RANGE OF ACADEMIC AND NON-ACADEMIC INITIATIVES/PROGRAMS. THESE INCLUDE VISITING DISTINGUISHED LECTURERS AND PROFESSORSHIPS, COMPUTER LAB SUPPORT, FACILITIES FUNDS, INTRAMURAL SPORTS, OUTREACH PROGRAMS THAT SUPPORT LIFELONG LEARNING AND COMMUNITY EDUCATION, HEALTH FAIRS, WORKSHOPS, BAND AND MENTORSHIP PROGRAMS.

THROUGH FUNDRAISING AND ACCOUNT MANAGEMENT, UHF IS A PARTNER IN CAPITAL IMPROVEMENT PROJECTS TO BRING STATE-OF-THE-ART FACILITIES, TECHNOLOGY AND EQUIPMENT TO CAMPUSES STATEWIDE. QUALITY FACILITIES AND EXPERTLY-CURATED RESOURCES NURTURE HEALTHY LEARNING AND PRODUCTIVE COLLABORATION. FROM BUSINESS EDUCATION TO ADVANCED CULINARY TRAINING, DONORS ARE HELPING OPEN UP WORLD-CLASS OPPORTUNITIES AND FACILITIES TO HAWAI'I STUDENTS.

PRIVATE FUNDS MAKE IT POSSIBLE FOR OUR PUBLIC UNIVERSITY TO BRING DISTINGUISHED VISITING LECTURERS AND RESEARCHERS TO OUR CAMPUSES. EXAMPLES INCLUDE BRINGING SOME OF THE WORLDS MOST HIGHLY REGARDED CANCER RESEARCHERS TO WORK COLLABORATIVELY IN OUR RESEARCH LABORATORIES WITH UH SCIENTISTS. WHILE THEY ARE HERE, THE PROMINENT RESEARCHERS, INCLUDING NOBEL LAUREATES, DELIVER A MAJOR LECTURE AT THE UNIVERSITY OF HAWAI'I CANCER CENTER. PRIVATE

Name of the organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
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ATTACHMENT 3 (CONT'D)

SUPPORT FUNDS THIS EXTRAORDINARY OPPORTUNITY FOR UH FACULTY, STUDENTS AND STAFF, TO MEET AND INTERACT WITH SOME OF THE MOST PROMINENT SCIENTISTS WHOSE WORK HAS SAVED MANY LIVES AND ESTABLISH RESEARCH COLLABORATIONS WITH THEM.

OTHER DISTINGUISHED LECTURE SERIES SUPPORT HAWAII'S DIALOGUE WITH THE REST OF THE WORLD IN AREAS INCLUDING LOCAL ENTREPRENEURSHIP, INTERNATIONAL WOMEN'S LEADERSHIP, GLOBAL TECHNOLOGY, THE INTEGRATION OF SCIENCE AND CULTURE, AND INDIGENOUS LANGUAGE/CULTURAL ISSUES.

ATTACHMENT 4FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
OTHER PROGRAM SERVICES	771,076.	15,473,782.	
TOTALS	<u>771,076.</u>	<u>15,473,782.</u>	

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CAMBRIDGE ASSOCIATES LLC PO BOX 412015 BOSTON, MA 02241	INVESTMENT SERVICES	695,200.
KPMG LLP 1003 BISHOP STREET, SUITE 2100 HONOLULU, HI 96813	ACCOUNTING SERVICES	213,891.

Name of the organization UNIVERSITY OF HAWAII FOUNDATION	Employer identification number 99-0085260
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ATTACHMENT 6

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
EQUIP MAINTENANCE PREPAID	12,178.
INSURANCE PREPAID	
PARKING PERMITS PREPAID	-6,902.
OTHER PREPAID EXPENSES	223,179.
TOTALS	<u>228,455.</u>

ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
MONEY MARKET FUNDS	590,250.
FIXED-INCOME SECURITIES	139,008,539.
TOTALS	<u>139,598,789.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNIVERSITY OF HAWAII FOUNDATION

Employer identification number

99-0085260

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UHF ATHERTON STUDENT HOUSING LLC 1314 SOUTH KING STREET, SUITE HONOLULU, HI 96814	REAL ESTATE	HI	277,487.	7,882,385.	UHFOUNDATION
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UHF SUPPORT INC 26-2825368 1314 SOUTH KING STREET, SUITE HONOLULU, HI 96814	SUPPORT - UHF	HI	501 (C) (3)	509(A) (3)	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (40)	TRUST	HI	UHF	TRUST					X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE REMAINDER TRUSTS	B	561,439.	CASH PAID
(2)			
(3)			
(4)			
(5)			
(6)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
