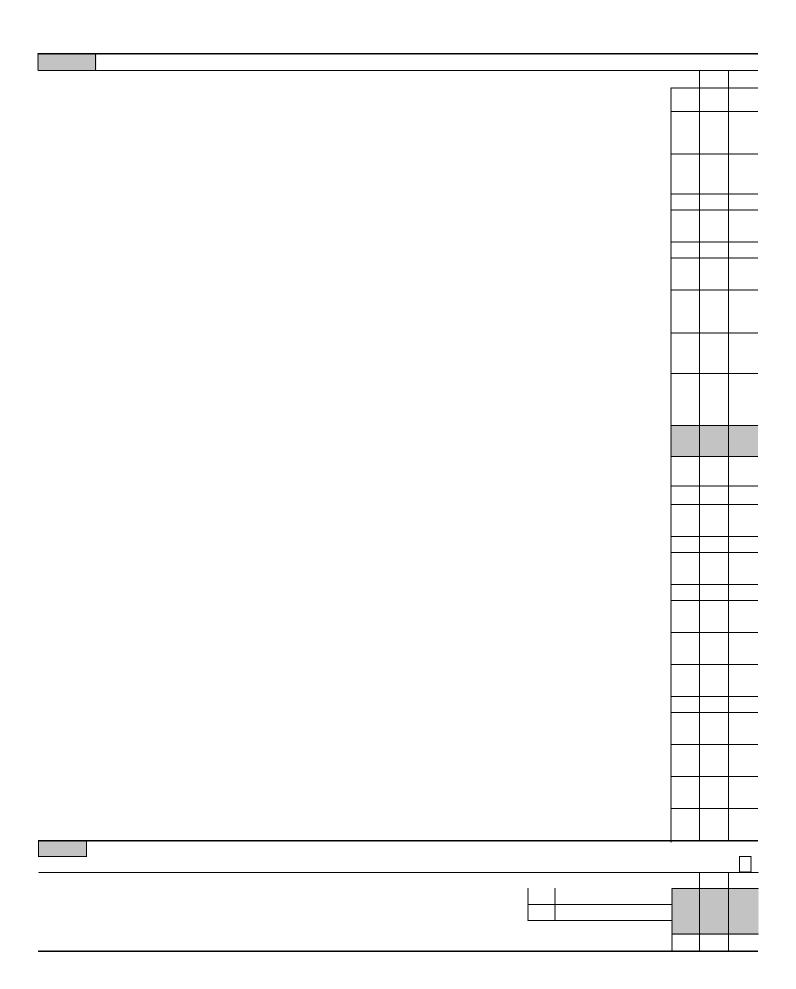


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Form 990 ((2022)	F	Page 3
Part IV	Checklist of Required Schedules	•	
		Yes	No



Dart V	Statements Degarding Other ID	S Filings and Tax Compliance (cont	inuad)	'	age 3
Part v	Statements Regarding Other IR	5 Filings and Tax Compliance (Cont	iriueu)	Yes	No
		1	ĺ	res	NO
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Form 990 (2022)				
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

		(C)								
(A) Name and title	(B) Average hours	thar	one both	box, an o	unles	,	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) ELI ZABETH DUNN VP	<u> 40</u> _					Х		224, 911.	0.	0.
(2) ASAF WOLFF	40									
VI CE PRESI DENT	0			Χ				220, 936.	0.	0.
	$-\frac{40}{0}$			Χ				204, 846.	0.	0.
(4) METTA ALSOBROOK DI RECTOR	<u> 40</u> _					Χ		150 222	0.	0
	40					٨		158, 232.	0.	0.
(5) DANI EL KALMANSON VP	0					Χ		140, 943.	0.	0
(6) LINDSAY KARA PULLEN	40									
DI RECTOR	0						Χ	135, 105.	0.	0.
	$-\frac{40}{0}$					Χ		133, 943.	0.	0.
(8) SHAI RESHEF	40					,		1007 7 101	<u> </u>	<u></u>
PRESI DENT	0	Χ						0.	0.	0.
	<u> 10</u> _	X						0.	0.	0.
(10) DANI EL GREENWOOD TRUSTEE	10	Х						0.	0.	0.
(11) GABRI EL HAWAWI NI	1	^						0.	0.	0.
TRUSTEE	0	Χ						0.	0.	0.
(12) CHRI STI NE DURHAM	1							0	0	0
TRUSTEE	0	Х						0.	0.	0.
(13) PASCALI NE SERVAN-SCHREI BER CHAI RMAN	<u>1</u> 0	Χ						0.	0.	0.
(14) ANTOLNE VAN AGTMAEL	11							0	0	0
TRUSTEE	0	Χ						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ustees, I	Key	Εm	nplo	oye	es,	and	d Highest Com	npensated Em	ployees (continued)
	(B)			((
(A) Name and title	Average hours per week (list any	(do box offic	_	Pos theck ss pe nd a c	sition more erson direct	than is both or/trus	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other
	(list any hours for related organiza - tions	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
	- tions r	trustee	l trustee	е	yee	Highest compensated employee	-	ı	а	t e
		-								
		-								
		-								

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (B) Related or exempt function revenue (C) Unrelated business revenue (D) Revenue excluded from tax under sections 512-514 (A) Total revenue 1a Federated campaigns..... Program Service Revenue Contributions, Gifts, Grants, and Other Similar Amounts **b** Membership dues... 1b Fundraising events. Miscellaneous Revenue

Form 990 (2022) Page 10 Part IX Statement of Functional Expenses

Form 990 (2022) Page 11

Pa	art X	Balance Sheet						
		Check if Schedule O contains a response or note t	o any	line in this Part X				П
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Net Assets or Fund Balances								
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Form 990 (2022) Page 12

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Par	t XI	Reconciliation of Net Assets								
		Check if Schedule O contains a response	or note to a	any line in this F	Part XI	 <u>.</u>				
		revenue (must equal Part VIII, column (A),	line 12)			 1				
2		expenses (must equal Part IX, column (A),				2				
3		nue less expenses. Subtract line 2 from line				3				
4	Net a	ssets or fund balances at beginning of year	r (must equ	al Part X, line 3	2, column (A))	 4				
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SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

	f the organization					Employer identific	cation number	
UNI '	VERSITY OF THE PEOPLE					26-407873		
Part			0				ctions.	
	rganization is not a private found				,	•		
1	A church, convention of church	•		•	b)(1)(A)(i).		
2	A school described in sectio		·					
3	A hospital or a cooperative h					, · ,		
4	A medical research organiza	tion operated in conju	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii).	Enter the hospital's	
	name, city, and state:							
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ege or university owned	or oper	ated by	a governmental unit d	escribed in	
6	A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).		
7	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	part of its support from a	governm	ental uni	t or from the general pu	ıblic described	
8	A community trust described	in section 170(b)(1)((A)(vi). (Complete Part	1.)				
9	An agricultural research organi or university or a non-land-grauuniversity:				•		•	
10	An organization that normall from activities related to its convestment income and unreduced June 30, 1975. See section 1975.	lated business taxabl	e income (less section	oort from ns; and 511 tax)	contrib (2) no r from b	utions, membership for nore than 33-1/3% of usinesses acquired by	es, and gross receipts its support from gross the organization after	
11	An organization organized a	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).		
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describe	ed in section 509(a)(1) o	r sectio	n 509(a)	(2). See section 509 (a)(3). Check the box on	
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elec-	d, or controlled by its sur	ported a	rganizati	ion(s), typically by givin	a the supported	
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	zation supervised or o organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You	
С	Type III functionally integrated organization(s) (see instruction		tion operated in connectio	n with, aı A, D, an	nd functio	onally integrated with, its	supported	
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting org	ganization operated in con v must satisfy a distribu	nnection	with its s	supported organization(s	s) that is not	
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from		that it is	а Туре I, Туре II, Тур	oe III functionally	
f	Enter the number of supported		11 0 0					
g	Provide the following informatio		d organization(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
• /								
(D)	D)							
<u>(E)</u>								
Total								

Schedule A (Form 990) 2022

Part II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)	
Part II Support Schedule for (Complete only if you checked organization fails to qualify	d the box on line 5, under the tests lis	7, or 8 of Part I or sted below, please	if the organization e r thef the	failed to qualify un	der Part III.	If the		
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Schedule A (Form 990) 2022 Page 6

			. 3 .
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain in st complete Sections A	
Section A ' Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
	1		
	I.		

Schedule A	A (Form 990) 2022				
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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.)

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Public Inspection
Employer identification number

Par	Complete if the organization answered "	nor Advised Funds or Other Similar F	unds or A	ccounts.	
	Complete if the organization answered	(a) Donor advised funds	(h) F	unds and other acc	nunts
1	Total number at end of year	(a) Donor advised rands	(6) 1	unus and other acc	Journs
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don are the organization's property, subject to the	organization's exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be use purpose cor	ed only Inferring Yes	No
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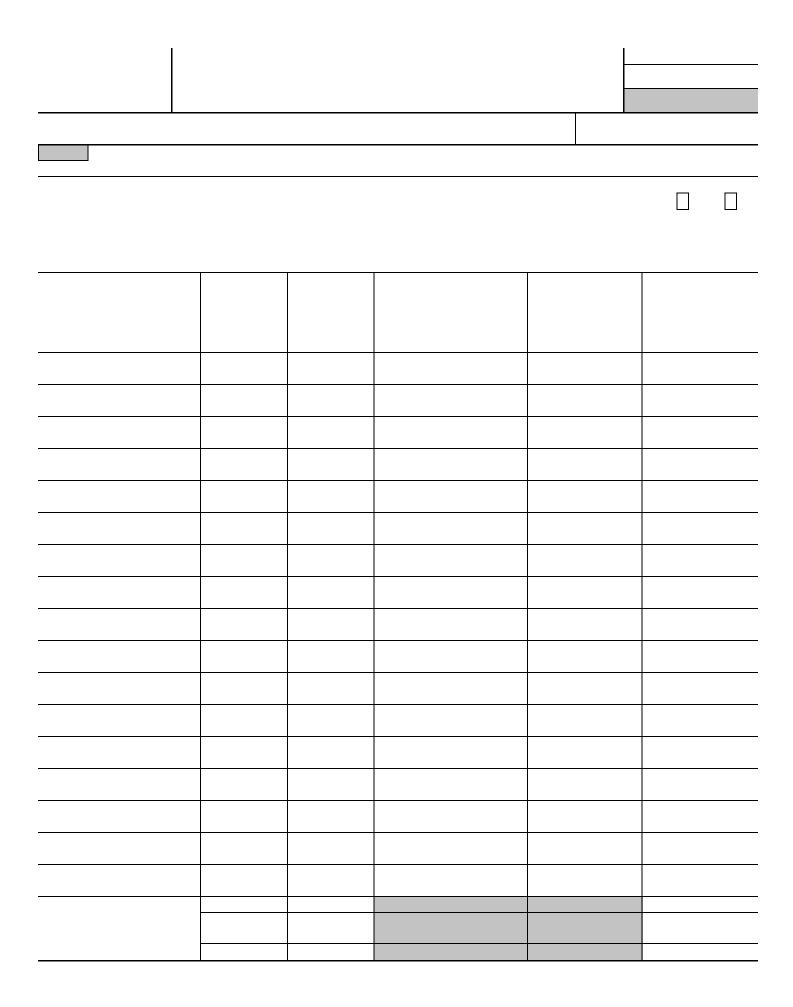
Schedule D (Form 990) 2022 Page 2

Part III Organizations Main	taining Collectio	ns of Art, Histori	cal Treasures, c	or Other Similar As	ssets (con	tinued)
3 Using the organization's acquisition items (check all that apply):						
a Public exhibition			change program			
b Scholarly research		e Other				
c Preservation for future gener						
4 Provide a description of the organize Part XIII.	zation's collections and	explain how they furth	er the organization's	exempt purpose in		
5 During the year, did the organiza	ation solicit or receive	donations of art, his	torical treasures, or	other similar assets	Yes	
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(a) alie xos (d) (b) alie xos (d) (c) alie xos (d) (d) alie xos (d)	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)	(b) Book value		
	-			_
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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022			Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With Revenue per Re	turn.	
Complete if the erganization answered "Ves" on Form 000 Dart IV line	120		
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
	 		
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Schedule F (Form 990) 2022

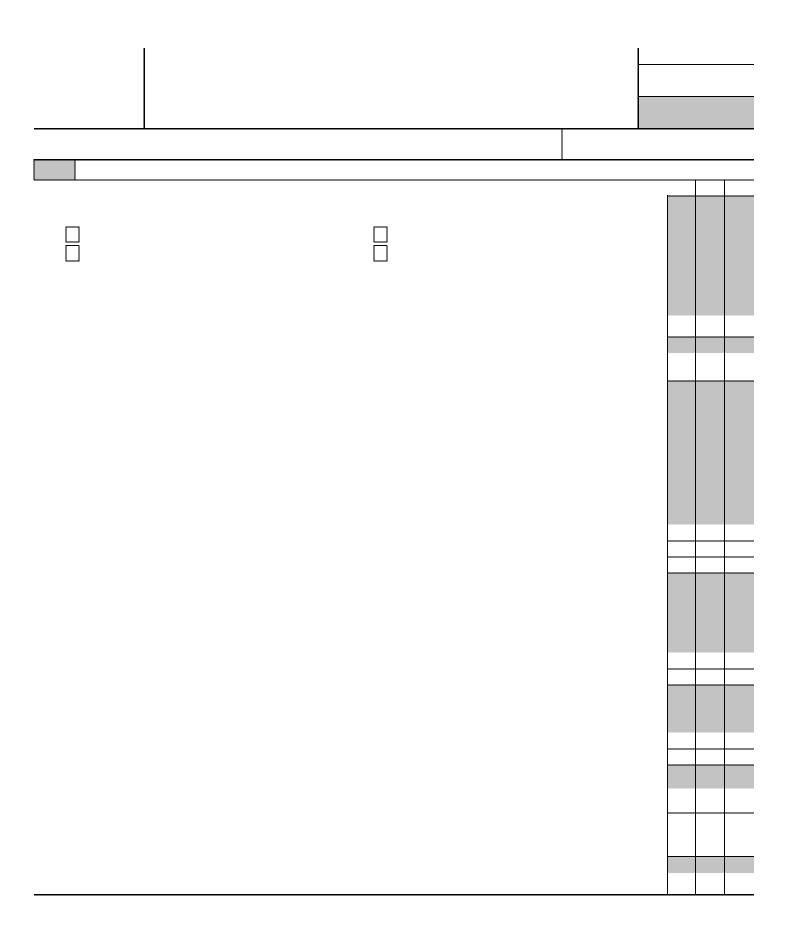
Schedule F (Form 990) 2022

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	art III				
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Schedule F (Form 990) 2022 Page 5

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) (est7es0.000 Tc -0/3m3.nr4.92 733.68 Tm 0.011 T





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 L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open To Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. Part I (b) Relationship between disqualified person and (d) Corrected? (c) Description of transaction 1 (a) Name of disqualified person organization Yes No (1) (2)(3)(4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to or from the (e) Original (f) Balance due principal amount297 532.2 Tm 0a 1 Tm -0.027t (c) Purpose of (a) Name of interested person (b) Relationship (i) Written 1 Oane 5, 6, or 22.Written (g) In default? 1012 Tm -0.008 (h) Approved Tc (Written)

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
			Yes	No
	(b) Relationship between interested person and the organization	(b) Relationship between interested person and the organization (c) Amount of transaction	(b) Relationship between interested person and the organization (c) Amount of transaction (d) Description of transaction	

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

TEEA4501L 07/25/22

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047 2022

Open to Public Inspection

Employer identification number

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary act	tivity) Legal dom or foreigr	c) icile (state n country)	Tot	(d) al income	End-o	(e) f-year assets	Direc	(f) entity	olling
1)											
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Schedule R (Form 990) 2022

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.

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	(d) Direct controlling	(e) Predominant income	(f) Share of total income	(g) Share of end-of-year	(h) Dispropor- tionate	(i) Code V-UBI	(j) General or	(k) Percentage	
										_	
		+									

Schedule R (Form 990) 2022

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.

							1			1					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant	(e) Are all partners		(e) Are all partners tot		(f) Share of total income	(g) Share of end-of-year	(h) Disprop r tionate		(i) (j) Code V-UBI General managir) ral or aging	(k) Percentage
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Schedule R		