HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS: LONG FORM

FILER			IZ.			
Young Kalb					K	
Last Name First			t Name M.I.			
FOR STATE EMPLOYEES			FOR STATE BOARD/COMMISSION MEMBERS			
University of	of Hawaii					
Department			Board/Com	mission Name		
Office of the	e President					
Division			BEGIN END			
Vice Presid	ent - Budget & Finance	/ Chief F	Term of Off	fice (mm/dd/yyyy)		
Position						
	H ITEM, EXCEPT ITEM 9, DISCLO					
	ITEM 1: INCOME FOR SERVI amount of all income of \$1,000 or m FROM YOUR STATE POSITION), a	ore received duri	ing the precedi	ng calendar year for services		
F,SP, DC,JT NAME	OF EMPLOYER / OTHER SOURCE(S)	OF INCOME	AMOUNT	SERVICES RENDERED		
Check here	if entry is None		√	Check here if additional	sheets are attached	
ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business in or outside of the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business. YOU ARE REQUIRED TO LIST ALL STOCKS, MUTUAL FUNDS OR OTHER NON-RETIREMENT INVESTMENT INTERESTS VALUED AT \$5,000 OR MORE. Please see instructions available at http://ethics.hawaii.gov .						
F,SP, DC,JT NAME	OF BUSINESS	NATURE OF BI	USINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES	
Check here	if entry is None	ı	√	Check here if additional	sheets are attached	

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD				
√ Che	ck here if entry is None		Check here if additiona	al sheets are attached	
List the na amount ou	me of each creditor to whom the value of \$3,0 tstanding. Exclude debts from retail installme	ITEM 4: CREDITORS 000 or more was owed during nt transactions for the purchas	the disclosure period and the se of consumer goods.	original amount and	
F,SP, DC,JT	NAME OF CREDITOR		ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING	
		_			
Che	ck here if entry is None		Check here if additiona	al sheets are attached	
List every organization	ITEM 5: OFFICER officership, directorship, trusteeship, or other on, the term of office, and the annual compensation.	RSHIPS, DIRECTORSHIPS, fiduciary relationship held duri sation.	TRUSTEESHIPS ng the disclosure period in an	y business or	
F,SP, DC,JT	NAME OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION	
Che	ck here if entry is None	Γ.	Check here if additions	al sheets are attached	

ITEM 6: INTERESTS IN REAL PROPERTY HELD, EXCLUDING PERSONAL RESIDENCE(S)

List interests in real property in or outside of the State held during the disclosure period, if the interest has a value of \$10,000 or more. Real property that is your personal residence or the personal residence of your spouse or dependent children need not be listed.

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F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER (IF TAX KEY NUMBER EXISTS)	(MAP VALUE
√ Che	ck here if entry is None	Check here	if additional sheets are attached
List interes Real prope	ITEM 7: INTERESTS IN REAL PROPERTY ACQ ts in real property in or outside of the State acquired during rty that is your personal residence or the personal residence	the disclosure period, if the inter	rest has a value of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
✓ Che	ck here if entry is None	Check here	if additional sheets are attached
	ITEM 8: INTERESTS IN REAL PROPERTY TRANS ts in real property in or outside of the State transferred duri rty that was your personal residence or the personal residence.	ng the disclosure period, if the in	terest has a value of \$10,000 or more.
F,SP, DC,JT	STREET ADDRESS AND TAX MAP KEY NUMBER (IF TAX MAP KEY NUMBER EXISTS)	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
√ Che	ck here if entry is None	Check here	if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT		NAN	ME OF STATE AGENC	Υ		
✓ Che	ck here if entry is None	l .		Che	eck here if additional she	eets are attached
List the am \$5,000 or r	ITEM 10: CREDITOR I ount and identity of every creditor interest in insonore.	NTE Ivent	RESTS IN INSOLVE businesses, held durin	NT BU	JSINESSES disclosure period, if the inte	rest has a value of
F,SP, DC,JT	NAME OF BUSINESS		NATURE OF BUSINE	ESS	NATURE OF INTEREST	VALUE
✓ Check here if entry is None						
FILER						
Kalbert K Young 03/07/2016						
	me of Filer (First, M.I., Last)(Signature required	on th	is line if you are filing	a pape	er form) Date (m/d	/уууу)

CERTIFICATION: By checking this box or signing your name on this form, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.

Check all that apply. - State Employee

Department University of Hawaii

Division Office of the President

State Employee Position Vice President - Budget & Finance / Chief Financial Officer

State Board or Commission Name

Term of Office Start Term of Office End

Category 1: Income for services rendered for preceding calendar year Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Name of Employer/ Other source of income State of Hawaii - University of Hawaii

Item #1 Compensation received G: At least \$150,000 but less than \$250,000

Item #1 Description of services rendered Salary.

START Item #2 Who holds interest? Spouse

Item #2 Name of Employer/ Other source of income State of Hawaii - Dept. of Attorney General

Item #2 Compensation received E: At least \$50,000 but less than \$100,000

Item #2 Description of services rendered Salary.

START Item #3 Who holds interest?

Item #3 Name of Employer/ Other source of income

Item #3 Compensation received

Item #3 Description of services rendered

START Item #4 Who holds interest?

Item #4 Name of Employer/ Other source of income

Item #4 Compensation received

Item #4 Description of services rendered

START Item #5 Who holds interest?

Item #5 Name of Employer/ Other source of income

Item #5 Compensation received

Item #5 Description of services rendered

Category 2: Ownership or Beneficial Interests in Businesses Yes, I have items

START Item #1 Who holds interest? Joint

Item #1 Legal name of business Alphabet, Inc.

Item #1 Nature of business Technology

Item #1 Nature of interest Common Shares of Stock

Item #1 Value of interest C : At least \$10,000 but less than \$25,000

Item #1 Number of Shares

START Item #2 Who holds interest? Joint

Item #2 Legal name of business Apple, Inc.

Item #2 Nature of business Technology

Item #2 Nature of interest Common Shares of Stock

Item #2 Value of interest C : At least \$10,000 but less than \$25,000 $\,$

Item #2 Number of Shares

START Item #3 Who holds interest? Joint

Item #3 Legal name of business General Electric Company

Item #3 Nature of business Engineering / Finance

Item #3 Nature of interest Common Shares of Stock

Item #3 Value of interest B: At least \$1,000 but less than \$10,000

Item #3 Number of Shares

START Item #4 Who holds interest? Joint

Item #4 Legal name of business Tupperware Brands Corp

Item #4 Nature of business Consumer Products Retail

Item #4 Nature of interest Common Shares of Stock

Item #4 Value of interest B : At least \$1,000 but less than \$10,000

Item #4 Number of Shares

START Item #5 Who holds interest? Joint

Item #5 Legal name of business Starbucks Corporation

Item #5 Nature of business Consumer Retail - Consumable.

Item #5 Nature of interest Common Shares of Stock

Item #5 Value of interest B: At least \$1,000 but less than \$10,000

Item #5 Number of Shares

START Item #1 Who holds interest?

Item #1 Ownership or beneficial interest transferred during this disclosure period

Item #1 Date of transfer

START Item #2 Who holds interest?

Item #2 Ownership or beneficial interest transferred during this disclosure period

Item #2 Date of transfer

START Item #3 Who holds interest?

Item #3 Ownership or beneficial interest transferred during this disclosure period

Item #3 Date of transfer

START Item #4 Who holds interest?

Item #4 Ownership or beneficial interest transferred during this disclosure period

Item #4 Date of transfer

START Item #5 Who holds interest?

Item #5 Ownership or beneficial interest transferred during this disclosure period

Item #5 Date of transfer

Category 4: Creditors Yes, I have items

START Item #1 Who holds interest? Joint

Item #1 Legal name of creditor Territorial Savings Bank

Item #1 Original amount owed I: At least \$500,000 but less than \$750,000

Item #1 Amount outstanding I: At least \$500,000 but less than \$750,000

START Item #2 Who holds interest? Joint

Item #2 Legal name of creditor Wells Fargo Home Mortgage

Item #2 Original amount owed H: At least \$250,000 but less than \$500,000

Item #2 Amount outstanding H: At least \$250,000 but less than \$500,000

START Item #3 Who holds interest? Joint

Item #3 Legal name of creditor Nissan Motor Acceptance Corporation

Item #3 Original amount owed C: At least \$10,000 but less than \$25,000

Item #3 Amount outstanding C : At least \$10,000 but less than \$25,000

START Item #4 Who holds interest?

Item #4 Legal name of creditor

Item #4 Original amount owed

Item #4 Amount outstanding

START Item #5 Who holds interest?

Item #5 Legal name of creditor

Item #5 Original amount owed

Item #5 Amount outstanding

Category 5: Officerships, Directorships, Trusteeships Yes, I have items

START Item #1 Who holds interest? Filer

Item #1 Legal name of entity Community Clinic of Maui

Item #1 Title held Director

Item #1 Term of Office 03/2009 to Present

Item #1 Annual compensation A: Less than \$1,000

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Title held

Item #2 Term of Office

Item #2 Annual compensation

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Title held

Item #3 Term of Office

Item #3 Annual compensation

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Title held

Item #4 Term of Office

Item #4 Annual compensation

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Title held

Item #5 Term of Office

Item #5 Annual compensation

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Value

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Value

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Value

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Value

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Value

Category 7: Interests in Real Property Acquired, excluding Personal Residence(s) None

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration paid

Item #1 Nature of consideration paid

Item #1 Legal name of person or entity receiving the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration paid

Item #2 Nature of consideration paid

Item #2 Legal name of person or entity receiving the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration paid

Item #3 Nature of consideration paid

Item #3 Legal name of person or entity receiving the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration paid

Item #4 Nature of consideration paid

Item #4 Legal name of person or entity receiving the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration paid

Item #5 Nature of consideration paid

Item #5 Legal name of person or entity receiving the consideration

START Item #1 Who holds interest?

Item #1 Street address

Item #1 Tax Map Key

Item #1 Amount of consideration received

Item #1 Nature of consideration received

Item #1 Legal name of person or entity furnishing the consideration

START Item #2 Who holds interest?

Item #2 Street address

Item #2 Tax Map Key

Item #2 Amount of consideration received

Item #2 Nature of consideration received

Item #2 Legal name of person or entity furnishing the consideration

START Item #3 Who holds interest?

Item #3 Street address

Item #3 Tax Map Key

Item #3 Amount of consideration received

Item #3 Nature of consideration received

Item #3 Legal name of person or entity furnishing the consideration

START Item #4 Who holds interest?

Item #4 Street address

Item #4 Tax Map Key

Item #4 Amount of consideration received

Item #4 Nature of consideration received

Item #4 Legal name of person or entity furnishing the consideration

START Item #5 Who holds interest?

Item #5 Street address

Item #5 Tax Map Key

Item #5 Amount of consideration received

Item #5 Nature of consideration received

Item #5 Legal name of person or entity furnishing the consideration

Category 9: Clients Personally Represented before State Agencies None

START Item #1 Legal name of client

Item #1 Name of State Agency

START Item #2 Legal name of client

Item #2 Name of State Agency

START Item #3 Legal name of client

Item #3 Name of State Agency

START Item #4 Legal name of client

Item #4 Name of State Agency START Item #5 Legal name of client

Item #5 Name of State Agency

Category 10: Creditor Interests in Insolvent Businesses None

START Item #1 Who holds interest?

Item #1 Legal name of entity

Item #1 Nature of business

Item #1 Nature of interest

Item #1 Value

START Item #2 Who holds interest?

Item #2 Legal name of entity

Item #2 Nature of business

Item #2 Nature of interest

Item #2 Value

START Item #3 Who holds interest?

Item #3 Legal name of entity

Item #3 Nature of business

Item #3 Nature of interest

Item #3 Value

START Item #4 Who holds interest?

Item #4 Legal name of entity

Item #4 Nature of business

Item #4 Nature of interest

Item #4 Value

START Item #5 Who holds interest?

Item #5 Legal name of entity

Item #5 Nature of business

Item #5 Nature of interest Item #5 Value

Upload your additional information 2015 Additional Items for Ownership in Stocks.pdf

By checking this box, you signify and affirm that you are the person whose name appears as the Filer above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law. - I sign and affirm

Filer Name Kalbert K Young

Additional Items for	Ownership o	r Beneficial In	terests in Businesses

Who Holds Interest	Legal Name of Business	Nature of Business	Nature of Interest	Value of Interest	Number of Shares
Joint	Hawaiian Electric Industries	Utility	Common Shares of Stock	At least \$1,000 but less than \$10,000.	
Joint	Microsoft Corporation	Technology	Common Shares of Stock	At least \$1,000 but less than \$10,000.	