Form	990
•	nent of the Treasury

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.

0MB No. 1545-0047 2022 Open to Public

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Вс	heck if ap	plicable:			•		BAR	A FOU	JNDA	TION												
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	return	1								-1130									receipts		64,238,52	
	Applic pendi		F Nam	ne and	d addre	ss of pri	incipa	officer:	(CHRIS	TIAN	TRI	EITLER				H(a)		is a group rdinates?	o retu	Irn for Yes	X No
			4	219	A CH	EADL	ΕH	ALL,	UC S	SANTA	BARE	BAR	A, CA 9	9310	06-20)11	H(b)	Are a	all subordin	ates i	ncluded? Yes	No
I	Tax-ex	empt st	atus:	Х	501(c)	(3)		501(c) () ·	 (ins) 	ert no.)		4947(a)(1)) or	4	527		lf "N	o," attach	a lis	t. (see instructions)	
J	Websi	te: 🕨	HTT	PS:	//GI	VING	.UC	SB.EI	DU/UC	CSB-F	OUNDA	TIC	ON				H(c)	Grou	p exempt	tion n	number 🕨	
к	Form of	of orgar	ization:	X	Corpo	ration	Г	rust	Asso	ciation	Othe	er 🕨	•		L Yea	of format	ion:	197	3 M S	State	of legal domicile:	CA
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		Briefly	/ descr	ibe th	ne ora	anizatic	on's r	nission	or mos	st signific	cant activ	vities	S THE	UC	SANT	A BARI	BAF	A F	OUND	АТ	ION IS A N	ON
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Governance							-						is or dispos							- I		0.5
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es													VI, line 1b)							4		84
ìţį	5	Total	numbe	r of i	ndividu	ials em	nploy	ed in ca	lendar	year 20	22 (Part	V, lii	ne 2a)							5	1	JONE
Activities &						•		e if nece	• ·										· · ⊢	6		95
۲	7a	Total	unrelat	ed bu	usines	s reveni	ue fro	om Part	VIII, co	olumn (C	;), line 12	2 .								7a		NONE
	b	Net u	nrelate	d bus	siness	taxable	e inco	me from	n Form	990-T,	line 34									7b		NONE
																	Pr	ior Ye	ear		Current Yea	ar
đ	8	Contri	ibution	sand	grants	; (Part \	VIII, I	ne 1h)								٦ (32	,12	6,87	7.	35,324,	027.
ň														PY FO					NO	NE		NONE
Revenue										4, and 7			PUBLIC	INSP	ECTIO		1	,65	6,50	6.	4,685,	591.
R																		•	. 29		· · ·	341.
	12												A), line 12)				33	.78	3,67		40,009,	
							-						.,,						3,184	_	34,214,	
																	20	,	NO		51/211/	NONE
	45												lines 5-10)						NO	-		NONE
Expenses	162												iiiics 0-10)						NO	-		NONE
ben	10a																		INO			NONE
Ě	17												503,593					71	3,62	c	0.0.0	064
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- s	19	Rever	nue les	s exp	enses	. Subtra	act lir	ne 18 fro	m line	12		• •						-	6,86	-	4,887,	
nce nce	20 21 22																		rrent Ye	-	End of Year	
sse 3ala	20											• •				• 4		-	6,414	-	439,861,	
d B A	21															-			5,65		27,388,	
						nces. S	Subtra	act line 2	21 from	n line 20				<u></u>		. 3	886	,92	0,76	2.	412,473,	121.
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May	the II									ve? (see											X Yes	No
							· ·			truction								<u></u>			Form 990	
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UC	SANTA	BARBARA	FOUNDATION

For	n 990 (2022	2)	Page 2
Pa		Statement of Program Service Accomplishments	
4			х
1		•	
2			
			Yes X No
3			
			Yes X No
4			as measured by
•			
4a	(Code:) (Expenses \$ 25,883,951. including grants of \$ 25,883,951.) (Revenue \$)
	UNIVE	RSITY PROGRAMS/OTHER DISBURSEMENTS. FUNDS ARE PROVIDED TO	
	THE U	INIVERSITY OF CALIFORNIA, SANTA BARBARA WHICH ASSUMES	
	FIDUC	LIARY RESPONSIBILITY FOR ACTUAL DISBURSEMENT FOR DEPARTMENT	
	SUPPO	ORT, INSTRUCTORS, RESEARCH AND SPECIAL PROJECTS.	
4h	(Code:) (Expenses \$ 4.829.726 including grants of \$ 4.829.726) (Revenue \$)
40	` _		/
	-		
		· · · · ·	
4c	` _)
	-		
	-		
	SERVI	CES AND USE OF FACILITIES PROVIDED TO THE FOUNDATION.	
	Statement of Program Service Accomplishments Dick if Schedule O contains a response or note to any line in this Part III Evelopid Secretion to enganization's mission: SEE_SCHEDULE 0 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27. Did the organization cease conducting, or make significant changes in how it conducts, any program services?. If 'ves, 'describe these henges on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as mea services?. If 'ves, 'describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as mea services of 501(c)(31 and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses. Section 501(c)(31 and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses. Section 501(c)(31 and 501(c)(4) organizations are required to report to an advance service. ICode:) (Expenses \$0,,,,,,,		
4d	Other pro	ogram services (Describe on Schedule O.)	
4e	· ·		
JSA	•		Form 990 (2022)
'		3KW D89Q V22-7.11 2999800	

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Par	t IV Checklist of Required Schedules			
	In the constitution dependence in continue $\Gamma(A(a)/2)$ or $A(A(a)/4)$ (other there continues foundation)? If "Max "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Å	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
Ľ	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446	77	
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	11b	X	
Ľ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
Ľ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
k	• Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		37
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
10	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
19		19		v
20 -	If "Yes," complete Schedule G, Part III	20a		X X
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	x	
		23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	-08		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		v
07	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	20		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32				
~~	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part				
- and	Check if Schedule O contains a response or note to any line in this Part V			
		<u> </u>	Yes	No
1 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	
		Form	990	(2022)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4.5		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
47				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	.,		

Form 9	90 (2022) UC SANTA BARBARA FOUNDATION 23-73	14834		Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	D. See ir	nstruc	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		Х
Sect	on A. Governing Body and Management		Vee	Na
		-	Yes	No
1a		5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b		84		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?			X
3	Did the organization delegate control over management duties customarily performed by or under the dire			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			37
	one or more members of the governing body?			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) member			v
-	stockholders, or persons other than the governing body?			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	g		
	the year by the following:	80	v	
a	The governing body?		X X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		A	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	at 9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		 ۱	Δ
0000		0000	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter			<u> </u>
D.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1 4 4 4		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e		
	rise to conflicts?	0 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	"		
	describe on Schedule O how this was done		X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?		X	
15	Did the process for determining compensation of the following persons include a review and approval b			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-		
а	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangeme	nt		
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate i			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	e		
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0-T (sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website 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, conflic	of inte	rest p	oolicy,
_	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 rec	ords		
	AMANDA CHRISTENSEN 1117 PHELPS HALL UC SANTA BARBARA, CA 93106-1130 805-893-3100		000	(2022)
JSA		Form	1990	(2022)
2F1042				

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								

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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck ss pe	erson	e than c is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NISC)	(F) Estimated amount of other compensation from the organization and related organizations
						ed				
(1) DR. HENRY T. YANG	2.00	-								
TRUSTEE	38.00	X						NONE	578,660.	86,688.
(2) SUSANNAH SCOTT	2.00	-								
TRUSTEE	38.00	X						NONE	455,852.	48,254.
(3) DR. DAVID MARSHALL	2.00	-								
TRUSTEE	38.00	X						NONE	408,726.	24,507.
(4) JAMES B. RAWLINGS	2.00	-								~~ ~~~
TRUSTEE	38.00	X						NONE	379,259.	37,357.
(5) CRISTINA MARCHETTI	2.00	-								
TRUSTEE	38.00	X						NONE	303,889.	23,230.
(6) CHRISTIAN TREITLER	8.00	-								
CFO	32.00	X		Х				NONE	188,099.	31,050.
(7) SAMANTHA PUTNAM	2.00	-								
TRUSTEE	38.00	X						NONE	142,163.	29,185.
(8) DR. DUNCAN A. MELLICHAMP	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(9) DAVID G. ADISHIAN	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(10) JANET A. ALPERT	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(11) SARAH ARGYROPOULOS	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(12) RICHARD A. AUHLL	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(13) DR. ROBERT D. BALLARD	2.00									
TRUSTEE	NONE	X			<u> </u>		<u> </u>	NONE	NONE	NONE
(14) LAURIE J. BENTSON KAUTH	2.00									
TRUSTEE	NONE	X						NONE	NONE	
										Form 990 (2022)

Form 990 (2022)	intena Ka					and I	1:01	ant Component		Page 8
Part VII Section A. Officers, Directors, Tru		⊎Еп	рю			and r	ligi	•		· · · · ·
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than c is both or/trust employee	an	(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
(15) MARK A. BERTELSEN TRUSTEE	2.00_ NONE	x						NONE	NONE	NONE
(16) DR. EDWARD E. BIRCH TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(17) GWENDOLYN A. BROWN TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(18) DR. PAULA Y. BRUICE TRUSTEE	2.00 38.00	x						NONE	NONE	NONE
(19) DANIEL P. BURNHAM TRUSTEE	2.00_ NONE	x						NONE	NONE	NONE
(20) STEPHEN E. COOPER TRUSTEE	2.00 NONE	x						NONE	NONE	NONE
(21) ANN CADY COOPER TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(22) LEONARD DEBENEDICTIS TRUSTEE	2.00 NONE	x						NONE	NONE	NONE
(23) WILLIAM A. DINSMORE, III TRUSTEE	2.00 NONE	x						NONE	NONE	NONE
(24) TUNC DOLUCA TRUSTEE	<u>2.00</u> 	x						NONE	NONE	NONE
(25) DIANDRA DE MORRELL DOUGLAS TRUSTEE	2.00_ NONE	Х						NONE		NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)						· · ·		NONE NONE NONE	NONE	280,271. NONE 280,271.

reportable compensation from the organization

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	
	employee on line 1a? If "Yes," complete Schedule J for such individual	3
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? If "Yes," complete Schedule J for such	
	individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5

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 more than \$100,000 in compensation from the organization ►		

Yes No

Part VII Section A. Officers, Directors, Tru		r –								
(A) Name and title	(B)				C) sition			(D) Reportable	(E) Reportable	(F)
Name and me	Average hours per	(do r	not cl			e than c	one	compensation	compensation from	Estimated amount of
	week (list any					is both		from	related	other
	hours for		-			or/trust	T Ó	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	ight	Forme	organization	(W-2/1099-MISC)	from the organization
	below dotted	idua recto	utio	er	mpl	est c	er	(W-2/1099-MISC)		and related
	line)	or tru	nal t		loye) mp				organizations
		stee	rust		r o	bens				
			ee			Highest compensated employee				
26) ROBERT W. DUGGAN	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
27) GLENN E. DUVAL	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
28) BETTY ELINGS WELLS	5.00									
IMMEDIATE PAST CHAIR	NONE	Х		Х				NONE	NONE	NONI
29) GARY E. ERICKSON	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
30) ELIZABETH GABLER	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
31) JOHN E. GERNGROSS	5.00									
SECRETARY	NONE	Х						NONE	NONE	NONI
32) FREDERICK W. GLUCK	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONI
33) MARC GROSSMAN	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONI
34) JOHN A. GURLEY	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
35) NORMAN N. HABERMANN	2.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
36) EVA HALLER	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
1b Sub-total										
c Total from continuation sheets to Part VII, S					• •	• • •				
 <u>d Total (add lines 1b and 1c)</u> 2 Total number of individuals (including but not 					• •					

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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 more than \$100,000 in compensation from the organization ►		

(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box,	not ch unles	Pos neck is pe	ition more rson	e than c is both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	office or director	and Institutional trustee	a Officer	Key employee	or/true Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
37) ROY C. HARDIMAN	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
38) THOMAS J. HARRIMAN	2.00	-								
TRUSTEE	NONE	Х						NONE	NONE	NON
39) DAVID R. HENKE	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
40) GEORGE W. HOLBROOK, JR. TRUSTEE	<u>2.00</u> 	x						NONE	NONE	NON
41) JUDITH L. HOPKINSON	2.00							NONE	INOINE	NON
TRUSTEE	<u>2.00</u> _ NONE	x						NONE	NONE	NON
42) M. BLAIR HULL, JR.	5.00									
VICE CHAIR, INVSMT TREASURER	NONE	x		x				NONE	NONE	NON
43) PETER C. JORDANO	2.00									
TRUSTEE	NONE	x						NONE	NONE	NON
44) DR. R. MICHAEL KOCH	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
45) JACK W. KROUSKUP	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
46) LINDA LA KRETZ DUTTENHAVER	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
47)_R. MARILYN LEE	2.00_	-								
TRUSTEE	NONE	Х						NONE	NONE	NON
1b Sub-total c Total from continuation sheets to Part VII,	Section A					 				
d Total (add lines 1b and 1c)							•		<u> </u>	
2 Total number of individuals (including but no reportable compensation from the organizati		nose	liste	d at	DOVe	e) who	o re	ceived more than	\$100,000 of	

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>
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? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 thos more than \$100,000 in compensation from the organization ►		

3

4

Form 990 (20	22)
Part VII	Section A. Offic
	(A)

(A) Name and title	(B) Average hours per week (list any									
	hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
) LILLIAN P. LOVELACE	2.00									
USTEE	NONE	Х						NONE	NONE	NON
) JOHN W. MARREN	2.00									
USTEE	NONE	Х						NONE	NONE	NON
) KATHRYN D. MCKEE	2.00_	-								
USTEE	NONE	Х						NONE	NONE	NON
) PAMELA MEYER LOPKER	2.00	-								
USTEE	NONE	Х						NONE	NONE	NON
) LOUISE A. PAHL	2.00_	-								
USTEE	NONE	X						NONE	NONE	NON
)_ALEX_NPANANIDES	2.00_	-								
USTEE	NONE	X						NONE	NONE	NON
)_CEIL_PULITZER	2.00_	-								
USTEE	NONE	X						NONE	NONE	NON
)_CONNER_DREHAGE	2.00_	-								
USTEE	NONE	X						NONE	NONE	NON
)_DR. RICHARD K.N. RYU	2.00_	-								
USTEE	NONE	X						NONE	NONE	NON
) MARK J. SCHWARTZ	2.00_	-								
USTEE	NONE	Х						NONE	NONE	NON
) KENNETH P. SLAUGHT	2.00_									
USTEE	NONE	Х						NONE	NONE	NON
Sub-total							►			
Total from continuation sheets to Part V	II, Section A						►			

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

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
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? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
-	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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 more than \$100,000 in compensation from the organization ►		

Yes No

3

4

(A) Name and title	(B)			(C				(D) Reportable	(E) Roportable	(F)
Name and the	Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)			an	compensation from	Reportable compensation from related	Estimated amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
59) PHILLIP L. SPECTOR	2.00									
TRUSTEE	NONE	X						NONE	NONE	NON
60)_JUDITH CSTAPELMANN TRUSTEE	2.00_ NONE	x						NONE	NONE	NON
61) MICHAEL P. STEWART	2.00							INOINE	NOINE	INOIN
TRUSTEE	NONE	x						NONE	NONE	NON
62) SUSAN S. TAI	2.00	21						NONE	NONE	1001
TRUSTEE	NONE	x						NONE	NONE	NON
63) JAMES S. TAYLOR	2.00									
	NONE	x						NONE	NONE	NON
64) ANNE SMITH TOWBES	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
65) CLAUDIA L. WEBSTER	5.00									
VICE CHAIR DEVELOPMENT	NONE	Х		Х				NONE	NONE	NON
66) HOWARD J. WENGER	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
67) PHILIP H. WHITE	2.00_									
TRUSTEE	NONE	Х						NONE	NONE	NON
68) BRUCE G. WILCOX	2.00_									
TRUSTEE	NONE	Х						NONE	NONE	NON
69) MARIE J. WILLIAMS	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	I, Section A		•••	•••	 	 				

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
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? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 more than \$100,000 in compensation from the organization ►	e listed above) who received	

3

4

Part VII Section A. Officers, Directors (A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	not ch unles	Posi neck is pe	ition more rson	e than c is both or/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
70) SUSAN L. WORSTER	2.00									
TRUSTEE	NONE	X						NONE	NONE	NON
71) JEFFREY M. WORTHE, JR.	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
72) CHARLES ZEGAR	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
73) MICHAEL B. CITRON	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
74) RAFAEL COSTAS, JR.	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
75) DR. ALEXANDER FANG	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
76) LORI KONSKER	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
77) <u>FUMIHIRO KOZATO</u>	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
78) JOEL S. RAZNICK	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
79) HUICAN ZHU	2.00_									
TRUSTEE	NONE	X						NONE	NONE	NON
80) JOHN P. ARNHOLD	5.00_									
CHAIR	NONE	Х		Х				NONE	NONE	NON
1b Sub-total										
c Total from continuation sheets to Part V	· -									
d Total (add lines 1b and 1c)					• •				\$100,000 of	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	
	employee on line 1a? If "Yes," complete Schedule J for such individual	3
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? If "Yes," complete Schedule J for such	
	individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5
-		

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 more than \$100,000 in compensation from the organization ►	e listed above) who received	

Yes No

Form 990 (2022)										
Part VII Section A. Officers, Directors, 1	rustees, Ke	y En	nplo	bye	es,	and H	lig	hest Compensat	ed Employees (d	continued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe	erson	e than c is both cor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	Estima amoun othe compens
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from ti organiza and rela organiza
(81) RICHARD L. BREAUX	2.00									
TRUSTEE	NONE	Х						NONE	NONE	
82) MARCY L. CARSEY TRUSTEE	2.00_ NONE	x						NONE	NONE	
83) STEVEN C. MENDELL TRUSTEE	2.00 NONE	x						NONE	NONE	
(84) MICHAEL J. BYRON VICE CHAIR, DONOR RELATIONS	5.00 NONE	x		x				NONE	NONE	
(85) TINA HANSEN MCENROE	2.00									

NONE NONE NONE NONE NONE NONE NONE NONE NONE TRUSTEE NONE Х NONE NONE NONE 86) SUSAN M. WILCOX 5.00 (NOMINATIONS NONE Х NONE NONE NONE 87) DEANNA DEHLSEN 2.00 (TRUSTEE NONE Х NONE NONE NONE (88) CHRISTOPHER K. FLETCHER 2.00 TRUSTEE NONE Х NONE NONE NONE 2.00 89) PAUL A. GRAZIANO TRUSTEE NONE NONE NONE NONE Х 2.00 90) WENBIN JIANG TRUSTEE NONE Х NONE NONE NONE (91) GENE E. LUCAS 2.00 TRUSTEE NONE Х NONE NONE NONE 1b Sub-total ► c Total from continuation sheets to Part VII, Section A ► ►

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 **>**

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
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? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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 more than \$100,000 in compensation from the organization ►	e listed above) who received	

Yes No 3 4 5

Estimated

amount of other

compensation

from the

organization

and related organizations

NONE

orm 990 (2022) Part VII Section A. Officers, Directors,	Trustees Ke	v Fn	nnlo	vee	95	and F	lial	hest Compensat	ed Employ	lees (c	ontinued)	Page	
(A)	(B)		ipio		C)		ngi	(D)	(E)		(F)		
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	ition more erson	e than o is both or/truste	an	Reportable compensation from	nsation compensation from related		Reportable compensation fro related	Estimated	t of r
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)		-2/1099-MISC)	from t organiza and rela organiza	he ation ated	
92) BECKY MARTIN	2.00	_											
IRUSTEE	NONE	X						NONE		NONE		NOI	
93) GURLEEN PABLA	2.00	_											
TRUSTEE	NONE	X						NONE		NONE		NOI	
94)_EUGENE_TRIORDAN, JR	2.00_	_											
TRUSTEE	NONE	X						NONE		NONE		NOI	
95) HONGJUN ZHU	2.00	-											
IRUSTEE	NONE	X						NONE		NONE		NO:	
		-											
 1b Sub-total c Total from continuation sheets to Part VII d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 	ot limited to t						► ► ►	ceived more than	\$100,000	of			
reportable compensation from the organization	tion 🕨										Ye	s N	
B Did the organization list any former of employee on line 1a? If "Yes," complete Sch											3		
For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,00	00?	lf	"Yes	," (complete Schedu	le J for	such	4 2	ζ	
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mper	satio	on f	from	n any	uni	related organization	on or indivi	dual	5		
Section B. Independent Contractors Complete this table for your five highest co compensation from the organization. Report													
year. (A) Name and business :	address							(B) Description of se	nvices		(C) ompensatio	'n	
Name and business :	auuress								IVICES		ompensatio	11	
							F						
							_						
							-						

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 ► NONE

Form 990 (2022)

UC SANTA BARBARA FOUNDATION Part VIII Statement of Revenue

r

_		Check if Schedule O contains a resp	onse or note to an	y line in this Part \	/	<u></u>	<u>•••</u> •••
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΰğ	с	Fundraising events 1c					
fts, ⊾A	d	Related organizations					
ja Gi	e	Government grants (contributions) 1e					
Sin's,	f	All other contributions, gifts, grants,					
er		and similar amounts not included above 1	35,324,027.				
ţĥ	g	Noncash contributions included in					
	9	lines 1a-1f	\$ 4,282,483.				
a Õ	h	Total. Add lines 1a-1f		35,324,027.			
			Business Code	55752176277			
e							
ž	2a		-				
Sei	b		-				
E N	C						
gra Re	d		-				
Program Service Revenue	e		-				
-	f	All other program service revenue		NONE			
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends		4,746,754.			4,746,754.
		other similar amounts)		4,740,754. NONE			4,740,754.
	4	Income from investment of tax-exempt bo					2.41
	5	Royalties	(ii) Personal	341.			341.
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С		NE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 24,167,40	2.				
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b 24,228,56					
Re	c	Gain or (loss) 7c -61,16	3.				
-	d	Net gain or (loss)	<u></u>	-61,163.			-61,163.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	n NONE				
	b	Less: direct expenses) NONE				
	С	Net income or (loss) from fundraising even	ts	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	с	Net income or (loss) from gaming activitie	s	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10	a NONE				
	b	Less: cost of goods sold	b NONE				
	с	Net income or (loss) from sales of inventory.		NONE			
S			Business Code				
eor	11a						
enu	b						
evel 1	c						
Miscellaneous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d	<u></u> .	NONE			
	12	Total revenue See instructions		40.009.959	NONE	NONE	4.685.932

Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a resp				
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	34,214,626.	34,214,626.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	NONE			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	NONE			
8 Pension plan accruals and contributions (include	NONE			
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	23,680.		23,680.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	99,378.		99,378.	
g Other. (If line 11g amount exceeds 10% of line 25, column	,		,	
(A), amount, list line 11g expenses on Schedule O.)	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	26,123.		26,123.	
14 Information technology	23,609.		23,609.	
15 Royalties	NONE		2370051	
16 Occupancy	NONE			
	NONE			
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
	130,000.		130,000.	
19 Conferences, conventions, and meetings	NONE		130,000.	
20 Interest	NONE			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	NONE			
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.)	C01 001			
a DEVELOPMENT OFFICE	601,981.			601,981
b ANNUAL FUND	1,612.			1,612
c MISCELLANEOUS	1,681.		1,681.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	35,122,690.	34,214,626.	304,471.	603,593
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if				
following SOP 98-2 (ASC 958-720)				

m 990	UC SANTA BARBARA FOUNDATION (2022)		23-	7314834 Page 11
art)				
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	22,785.	1	56,425
2	Savings and temporary cash investments	1,219,936.	2	1,414,729
3	Pledges and grants receivable, net	11,326,209.	3	11,110,991
4	Accounts receivable, net	164,975.	4	3,000
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	NONE	5	NON
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).	NONE		NON
7	Notes and loans receivable, net	NONE		NON
8	Inventories for sale or use	NONE		NON
9	Prepaid expenses and deferred charges	NONE	9	NON
10;	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	D Less: accumulated depreciation	NONE		201 200 004
11	Investments - publicly traded securities	366,570,363.		391,379,994
12	Investments - other securities. See Part IV, line 11	35,752,142.		35,895,994
13	Investments - program-related. See Part IV, line 11	NONE		NON
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	415,056,414.		420.961.127
-	Total assets. Add lines 1 through 15 (must equal line 33)	415,056,414. 466,981.		439,861,137
17	Accounts payable and accrued expenses	400,981. NONE		NON
18	Grants payable	11,710,600.		11,681,228
20	Deferred revenue	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
	Loans and other payables to any current or former officer, director,	110112		
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	NONE		NON
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	15,958,071.	25	15,706,787
26	Total liabilities. Add lines 17 through 25	28,135,652.	26	27,388,016
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	NONE	29	NON
30	Paid-in or capital surplus, or land, building, or equipment fund	NONE		NON
31	Retained earnings, endowment, accumulated income, or other funds	386,920,762.		412,473,121
32	Total net assets or fund balances	386,920,762.	32	412,473,121
33	Total liabilities and net assets/fund balances	415,056,414.	33	439,861,137

	UC SANTA BARBARA FOUNDATION 23	-7314	1834	Ł			
Form 99	00 (2022)					Pa	ge 12
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	40	,00)9,	959
2	Total expenses (must equal Part IX, column (A), line 25)		2	35	,12	22,	690
3	Revenue less expenses. Subtract line 2 from line 1		3	4	,88	37,	269.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	386	,92	20,	762.
5	Net unrealized gains (losses) on investments		5				090
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other changes in net assets or fund balances (explain on Schedule O).		9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, I						
	32, column (B))	1	0	412	,4	73,	121.
Part	XII Financial Statements and Reporting	·					
	Check if Schedule O contains a response or note to any line in this Part XII.						
						Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other	er," expl	ain or	- n			
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent account	ant?		. 2	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year wer						
	reviewed on a separate basis, consolidated basis, or both:	•					
	Separate basis Consolidated basis Both consolidated and separate basi	S					
b	Were the organization's financial statements audited by an independent accountant?			2	2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basi	S					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility f		iaht o	f			
-	the audit, review, or compilation of its financial statements and selection of an independent acc		•		2c	Х	
	If the organization changed either its oversight process or selection process during the tax y						
	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	-			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				Ba		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did no						
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo s		•		3b		

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Nam	e of t	he organization					Employer identif	fication number
UC	SA	NTA BARBARA FOUNDAT	ION				23-7	314834
Ра	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	art.) See instructio	ns.
The	org	anization is not a private fou	indation because it	t is: (For lines 1 throu	gh 12, ch	neck 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 sect	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative			•		(1)(A)(iii).	
4		A medical research organi	•	•		. ,)(iii). Enter the
		hospital's name, city, and s	•	,	•			
5	X	1		a college or universi	ty owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). ((Complete Part II.)	Ū		•	, ,	
6		A federal, state, or local go	. ,	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7		An organization that norm	•			•		om the general public
		described in section 170(b			••	0		5 1
8		A community trust describe			e Part II.)			
9		An agricultural research or					in conjunction with a	a land-grant college
		or university or a non-land-	•					• •
		university:			,			Ū
10		An organization that norma receipts from activities rela support from gross investin acquired by the organization An organization organized	ated to its exempt f nent income and u on after June 30, 1	functions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (less Complete	; and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its
11 12		An organization organized	•	•				rny out the purposes of
12		one or more publicly suppo		•				
		the box on lines 12a through						
	Г						·	
а		Type I. A supporting org the supported organization		•	•		•	
		supporting organization.	., .	• • • • •		ajonty of		
b	Г	Type II. A supporting organization.	•			with ito	aupported organizat	ion(a) by boying
U		control or management of						
		organization(s). You mus		-	ine sam	ie person		lage the supported
~	Г	Type III functionally inte			atod in a	onnoction	a with and functions	lly integrated with
С		its supported organization						iny integrated with,
d	Γ	Type III non-functionally						rtod organization(c)
u		that is not functionally int			-			
		requirement (see instruct			-		-	an allentiveness
е	Г	Check this box if the orga	,	•				II Type III
U		functionally integrated, or					••••••	n, rypo m
f	En	iter the number of supported			porting	organizati		
g		ovide the following informati	0					
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	.,			(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 2E1210 1.000 7848KW D89Q

Page **2**

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,420,333.	40,138,919.	36,136,221.	32,126,877.	35,324,027.	183,146,377.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	39,420,333.	40,138,919.	36,136,221.	32,126,877.	35,324,027.	183,146,377.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						20,363,639.
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						162,782,738.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		39,420,333.	40,138,919.	36,136,221.	32,126,877.	35,324,027.	183,146,377.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,407,097.	1,683,550.	2,446,144.	1,644,804.	4,747,095.	11,928,690.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	118,083.	35,325.	127,410.			280,818.
11	Total support. Add lines 7 through 10						195,355,885.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>		, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2022 (lin					14	83.33 %
15	Public support percentage from 2021						81.25 %
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets t	he facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization						
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
	organization						
18	Private foundation. If the organizatio						
	instructions						<u></u>

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Page	Э

Sche	UC SAN' dule A (Form 990) 2022	TA BARBARA	FOUNDATIO	Ν		23-73148	334 Page
	t III Support Schedule for Organ (Complete only if you checked If the organization fails to qua	ed the box on	line 10 of Par	t I or if the org	anization faile omplete Part I	d to qualify und l.)	Ŭ
	tion A. Public Support		1	1	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						ļ
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						
7 a	Amounts included on lines 1, 2, and 3						
L.	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
-	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here .	<u></u>		<u></u>		<u></u>	
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2022 (line 8,					15	%
16	Public support percentage from 2021 Sched					16	%
Sec	tion D. Computation of Investment					1 1	
17	Investment income percentage for 2022 (line					17	%
	Investment income percentage from 2021 S	chedule A. Part	III line 17			18	%
18	331/3% support tests - 2022. If the org						

b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . 20

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

23-7314834

Schedule A (Form 990) 2022

Part	IV Supporting Organizations (continued)		
		Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		

- 11c below, the governing body of a supported organization? **b** A family member of a person described on line 11a above?
- **c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c,*
- provide detail in **Part VI.** Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

Yes No 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the set of t	tions).			
а	The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
С	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction				
		Yes	No		
	Activities Test Answer lines 2a and 2b below				

2	Activities Test. Answer mes za and zo below.				
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities.				
b	Did the activities described on line 2a, above, 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</i> "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
а	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? If "Yes" or "No," provide details in Part VI.	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b			

V22-7.	11	2999800
V Z Z / •		2//////////////////////////////////////

11a

11b

11c

2

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23-7314834

Schedule A (Form 990) 2022			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualify			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting orga	•		,
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 0.015 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 0.035.	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 0.85 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		
			1

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

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•		(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2022	s	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
_					

Schedule A (Form 990) 2022

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 - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS INCOME INC./DIST. FROM RELATED ENTITY	77,332. 40,751.	-	-			207,430. 73,388.
TOTALS	118,083.	35,325.	127,410.			280,818.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

UC SANTA BARBARA FOUND	DATION	23-7314834			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation			
	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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

3 (Form 990) (2022)		Page 2
organization		Employer identification number
UC SANTA BARBARA FOUNDATION	23-7314834	
Contributors (see instructions). Use duplicate copies of P	art I if additional space is r	needed.
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	UC SANTA BARBARA FOUNDATION Contributors (see instructions). Use duplicate copies of P (b)	UC SANTA BARBARA FOUNDATION Contributors (see instructions). Use duplicate copies of Part I if additional space is r (b) (c)

NO.	Name, address, and ZIP + 4		Type of contribution
1_	N/A	\$1,410,062	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$2,100,264	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$3,000,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$2,756,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$1,321,680	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$931,550	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>N/A</u>	\$814,231.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

23-7314834

Schedule B (Form 990) (2022)

Part I

UC SANTA BARBARA FOUNDATION

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	(Form 990) (2022)		Page
Name of o	rganization UC SANTA BARBARA FOUNDATION		entification number 7314834
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
2		\$2,100,264.	06/09/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	(Form 990) (2022)			Page 4
Name of or	ganization UC SANTA BARBARA FOUN	TATTON		Employer identification number 23-7314834
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	, contributions to o the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total of formation once. Se	ribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee

Schedule B (Form 990) (2022)

SCHEE	DULE D
(Form	990)

Department of the Treasury

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.

Open to Public

Schedule D (Form 990) 2022

2

OMB No. 1545-0047

	artment of the Treasury nal Revenue Service	Go to www.irs.gov/l	Form990 for instructions and the latest inform	mation.	Inspection
	e of the organization			Employer identifica	
UC	SANTA BARBARA	FOUNDATION		23-73148	34
Ра	rt Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds o		
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at er	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5	Did the organizati	ion inform all donors and donor	advisors in writing that the assets held	d in donor advised	
	funds are the orga	inization's property, subject to the	organization's exclusive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used	
			fit of the donor or donor advisor, or for		
-			<u> </u>	<u></u>	Yes No
Pa		tion Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1			organization (check all that apply).		
		n of land for public use (for example		n of a historically im	
		of natural habitat		n of a certified histor	ic structure
2		n of open space	ald a gualified concernation contribution i	in the form of a con	onvotion
2		ast day of the tax year.	eld a qualified conservation contribution i		End of the Tax Year
а				2a	
a b			· · · · · · · · · · · · · · · · · · ·	2b	
c			historic structure included in (a)	2c	
d			acquired after July 25, 2006, and not on		
~				2d	
3			nsferred, released, extinguished, or tern		anization during the
	tax year			, 0	0
4	Number of states	where property subject to conse	rvation easement is located		
5	Does the organiz	ation have a written policy reg	parding the periodic monitoring, inspec	ction, handling of	
	violations, and enfo	orcement of the conservation ea	sements it holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	g conservation easem	ents during the year
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easem	ents during the year
8		•	2(d) above satisfy the requirements of sec		
_	and section 170(h))(4)(B)(ii)?			Yes No
9		8	ports conservation easements in its r		
		ounting for conservation easeme	of the footnote to the organization's f	inancial statements	that describes the
Pa			of Art, Historical Treasures, or Othe	er Similar Assets	
			"Yes" on Form 990, Part IV, line 8.		
1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	SB ASC 958, not to report in its reven ts held for public exhibition, education to its financial statements that describes	ue statement and b , or research in fu these items.	alance sheet works rtherance of public
b	art, historical treas provide the follow	sures, or other similar assets he ing amounts relating to these iter		search in furtherand	e of public service,
2			rt, historical treasures, or other similar		
	following amounts	s required to be reported under F	ASB ASC 958 relating to these items:		
а			• • • • • • • • • • • • • • • • • • • •		
b	Assets included in	Form 990, Part X		\$	

JSA

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

		SANTA BARBARA				23-7314834	
	rt III Organizations Maintaini						
3	Using the organization's acquisition collection items (check all that app			-	-	ake significant us	se of its
а	Public exhibition			or exchange	program		
b	Scholarly research		e Other				
С	Preservation for future gene						
4	Provide a description of the organ	nization's collections	and explain how	they further	the organization's	exempt purpose	in Part
	XIII.						
5	During the year, did the organization						
	assets to be sold to raise funds rath		ained as part of the	organization	s collection?	Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza		es" on Form 990, I	Part IV, line	9, or reported ar	n amount on For	m
	990, Part X, line 21.						
1a	Is the organization an agent, trus		-				<u> </u>
-	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	plete the following ta	ble:			
						Amount	
С	Beginning balance						
d	Additions during the year						
е	Distributions during the year						
f	Ending balance						
	Did the organization include an am					•	No No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	n has been pr	ovided on Part XIII	<u></u>	
Pa	rt V Endowment Funds.	tion oneward "Va	o" on Form 000	Dort IV/ line	10		
	Complete if the organiza						
		(a) Current year	(b) Prior year	(c) Two year			
1a	Beginning of year balance	352,375,985.	377,817,408.	278,285,2			06,163.
b	Contributions	17,189,979.	13,558,064.	19,153,7	07. 24,15	5,466. 27,90	04,929.
С	Net investment earnings, gains,						
	and losses	26,251,923.	-28,258,055.	89,346,0			51,788.
d	Grants or scholarships	2,925,895.	1,929,331.	1,716,0	90. 1,569	9,576. 1,73	34,058.
е	Other expenditures for facilities						
	and programs	11,463,514.	8,015,714.	6,408,3	65. 6,464	4,273. 4,57	75,507.
f	Administrative expenses	955,958.	796,387.	843,1	89. 940	0,217. 1,01	12,830.
g	End of year balance	380,472,520.	352,375,985.	377,817,4	08. 278,285	5,263. 251,55	50,485.
2	Provide the estimated percentage			, column (a))	held as:		
а	Board designated or quasi-endown		%				
b	Permanent endowment 54.00	<u>00</u> %					
С	Term endowment 24.0000 %						
	The percentages on lines 2a, 2b, a	•					
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and	d administered for t		
	organization by:						es No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations						Х
b	If "Yes" on line 3a(ii), are the relate	•	•			3b	X
4	Describe in Part XIII the intended u						
Ра	rt VI Land, Buildings, and Equ Complete if the organization	Jipment. ation answered "Ye	es" on Form 990	Part IV line	11a See Form	990 Part X line	10
	Description of property	(a) Cost or		or other basis	(c) Accumulated	(d) Book value	
		(inves		other)	depreciation		
1a							
b	Buildings						
c	Leasehold improvements						
d	Equipment						
e	Other			(0) "			
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part X, colum	n (B), line 10	c.)		

Schedule D (Form 990) 2022

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		
(3) Other		
(A) HEDGE FUNDS	68,544.	FMV
(B) PRIVATE EQUITY	3,234,950.	FMV
(C) UC REGENTS STIP	28,371,105.	FMV
(D) CHARIT RMDR TRUST INVST HELD	4,221,395.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	35,895,994.	

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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

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)CHARITABLE REMAINDER TRUST		4,221,395.
(3)ANNUITY TRUST LIABILITY		11,485,392.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 25.)	15,706,787.

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

Schedu	ILE D (Form 990) 2022 UC SANTA BARBARA FOUNDATION	23-	-7314834 Page 4	
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.		
1	Total revenue, gains, and other support per audited financial statements	1	64,019,539.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	24,108,958.	
3	Subtract line 2e from line 1	3	39,910,581.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 99, 378.			
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c	99,378.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	40,009,959.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.		
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		35,023,312.	
			35,023,312.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		35,023,312.	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		35,023,312.	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		35,023,312.	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses		35,023,312.	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)		35,023,312.	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1	35,023,312.	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e		
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e		
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a99, 378.	1 2e		
1 2 b c d 8 3 4 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e		
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a99, 378.Other (Describe in Part XIII.)	1 2e 3	35,023,312.	

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 SUPPLEMENTAL PAGE

ENDOWMENT FUNDS DETAIL

SCHEDULE D, PART V, LINES 3A &~4

THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO FURTHER THE GOALS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA BY PROVIDING FUNDING FOR SCHOLARSHIPS, ACADEMIC RESEARCH AND OTHER PROGRAMS OF THE UNIVERSITY.

FIN 48 (ASC 740)

SCHEDULE D, PART X, LINE 2

THE FOUNDATION PREPARES ITS FINANCIAL STATEMENTS IN ACCORDANCE WITH GASB; THEREFORE THERE IS NO FOOTNOTE THAT ADDRESSES ASC 740. IT IS ONLY REQUIRED BY FASB.

SCHEDULE I (Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the Treasury Interal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Go to www.irs.gov/Form990 for the latest information. VC SANTA BARBARA FOUNDATION Part I General Information on Grants and Assistance? 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 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 " 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) UNIVERSITY OF CALIFORNIA, SANTA BARBARA 3201 SAASE SANTA BARBARA, CA 93106-2040 (2)	95-6006145	501(C)(3)	34,214,626.		N/A	N/A	SCHOLARSHIPS & UNIV PROGRAM SUPPORT	
(3)	_							
(4)	-							
(5)	-							
(6)	_							
(7)	_							
(8)	_							
(9)	_							
(10)	-							
(11)	-							
(12)	-							
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis 	-	-					1	

UC SANTA BARBARA FOUNDATION

23-7314834

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					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, c	column (b); and any c	other additional

MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART 1, LINE 2

THE FOUNDATION TRANSFERS MONIES TO THE UNIVERSITY OF CALIFORNIA, SANTA

BARBARA, WHICH ASSUMES FIDUCIARY RESPONSIBILITY FOR ACTUAL DISBURSEMENT.

CRITERIA FOR SELECTION OF RECIPIENTS ARE BASED ON BOUNDARIES SET BY THE

ESTABLISHMENT OF THE SCHOLARSHIP.

SCH	EDULE J	Compen	sation Information	0	MB No.	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest		എത	n)
			npensated Employees n answered "Yes" on Form 990, Part IV, line 23		\mathbb{Z}		
Departn	nent of the Treasury	A	Attach to Form 990.	<u> </u>	pen te		
	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information.			ectio	n
Name	of the organization			Employer identification		r	
		ARA FOUNDATION		23-731483	1		
Part	Questio	ns Regarding Compensation					
10	Chock the ap	propriate boy(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form		Yes	No
Id			provide any relevant information regarding				
		ss or charter travel		-			
		or companions	Housing allowance or residence for Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch	auneur, cher)			
b	or reimburse	ment or provision of all of the ex	e organization follow a written policy repenses described above? If "No," com	plete Part III to			
•					1b		
2	-		to reimbursing or allowing expenses	-			
		-	D/Executive Director, regarding the items	checked on line	2		
_					_		
3			on used to establish the compensation of at apply. Do not check any boxes for metho				
			e CEO/Executive Director, but explain in P				
		isation committee	Written employment contract				
	· · ·	dent compensation consultant	Compensation survey or study				
		00 of other organizations	Approval by the board or compensation	tion committee			
4			Part VII, Section A, line 1a, with respect to	o the filing			
2		or a related organization:	ayment?		4a		x
a b			tal nonqualified retirement plan?		4a 4b		X
c	-		sed compensation arrangement?		40 4c		X
C			rovide the applicable amounts for each it		40		
				chi in i dit in.			
	Only section	501(c)(3) $501(c)(4)$ and $501(c)(29)$ or	ganizations must complete lines 5-9.				
5			on A, line 1a, did the organization pa	w or accrue any			
Ŭ		n contingent on the revenues of:	on ri, nile ra, ala tile organization pe	ly of aborate any			
а	•	•			5a		х
					5b		X
-	•	e 5a or 5b, describe in Part III.					
6			on A, line 1a, did the organization pa	v or accrue anv			
-		n contingent on the net earnings of:	, , , , , , , , , , , , , , , , , , ,	,,			
а					6a		х
					6b		Х
	-	e 6a or 6b, describe in Part III.					
7		•	n A, line 1a, did the organization prov	ide any nonfixed			
-			escribe in Part III		7		Х
8			paid or accrued pursuant to a contract the				
		•	Regulations section 53.4958-4(a)(3)? If		1		
		-			8		х
9			low the rebuttable presumption proced				
			<u></u>		9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 99	0) 2022

Schedule J (Form 990) 2022

Page 2

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.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DR. DAVID MARSHALL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 TRUSTEE	(ii)	408,726.	NONE	NONE	24,507.	NONE	433,233.	NONE
DR. HENRY T. YANG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 TRUSTEE	(ii)	578,660.	NONE	NONE	40,932.	45,756.	665,348.	NONE
CHRISTIAN TREITLER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 CFO	(ii)	188,099.	NONE	NONE	16,078.	14,972.	219,149.	NONE
SUSANNAH SCOTT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 TRUSTEE	(ii)	455,852.	NONE	NONE	24,310.	23,944.	504,106.	NONE
CRISTINA MARCHETTI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 TRUSTEE	(ii)	303,889.	NONE	NONE	11,782.	11,448.	327,119.	NONE
SAMANTHA PUTNAM	(i)		NONE	NONE	NONE	NONE	NONE	NONE
6 TRUSTEE	(ii)	142,163.	NONE	NONE	12,070.	17,115.	171,348.	NONE
JAMES B. RAWLINGS	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 TRUSTEE	(ii)		NONE	NONE	14,169.	23,188.	416,616.	NONE
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
_15	(ii)							
	(i)							
_16	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part ||| 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.

PROCESS OF DETERMINING CEO AND OTHER OFFICER COMPENSATION

SCHEUDLE J, PART III

NONE OF THE LISTED INDIVIDUALS RECEIVED ANY COMPENSATION FROM THE FILING

ORGANIZATION. DURING FY23, EACH WAS AN EMPLOYEE OF THE UC SANTA BARBARA,

A RELATED ORGANIZATION. INDIVIDUALS WERE COMPENSATED PRIMARILY FOR

SERVICES TO THE UC SANTA BARBARA. COMPENSATION INFORMATION REFLECTS ALL

COMPENSATION RECEIVED DURING CALENDAR YEAR 2022.

ESTABLISHING COMPENSATION OF THE EXECUTIVE DIRECTOR

SCHEDULE J, PART I, LINE 3

COMPENSATION PRACTICES FOR THE RELATED ORGANIZATION IN DETERMINING COMPENSATION FOR ITS TOP MANAGEMENT OFFICIALS INCLUDE: A COMPENSATION COMMITTEE, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

22

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. Open to Public

Schedule M (Form 990) 2022

2

Department of the Treasury Internal Revenue Service Name of the organization

UC SANTA BARBARA FOUNDATION

		_
Employer ide	entification	number
23-7	314834	Ł

Par	t Types of Property	(a)	(b)	(c)		(d)		
		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	f determ		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		43	3,647,489.	HIGH LOW	AVG O	N G	JIFT
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests	х	1	634,994.	PROVIDED	BY BR	.OKE	IR
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►() Other ►() Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29			
						Y	′es	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use				sell noncash			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)) is checked,			

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

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.

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN B

THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATIONS RECEIVED

FROM CONTRIBUTORS.

SCHEDULE O (Form 990 or 990-EZ)

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.



23-7314834

Department of the Treasury Internal Revenue Service

UC SANTA BARBARA FOUNDATION

PROCESS OF REVIEW

FORM 990, PART VI, LINE 11B

THE FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. A COMPLETE COPY IS DISTRIBUTED TO THE FULL BOARD AFTER THE AUDIT COMMITTEE APPROVAL AND BEFORE THE FORM IS FILED WITH THE IRS.

MONITORING & ENFORCING COMPLIANCE OF CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS, AN INTERESTED PERSON (E.G. BOARD MEMBER, OFFICER OR KEY EMPLOYEE), MUST DISCLOSE, AT LEAST ANNUALLY, THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE BOARD OF TRUSTEES AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

TO FACILITATE CONFLICT OF INTEREST DISCLOSURE, THE FOUNDATION ANNUALLY DISTRIBUTES CONFLICT OF INTEREST QUESTIONNAIRES TO ALL INTERESTED PERSONS. COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE FOUNDATION'S ASSISTANT DIRECTOR FOR ANY POTENTIAL DISCLOSED OR UNDISCLOSED CONFLICTS. IF A CONFLICT IS DISCLOSED, THE ASSISTANT DIRECTOR REVIEWS THE FINDING WITH THE CFO (DIRECTOR). IF THE CONFLICT IS CONFIRMED, THE CFO NOTIFIES THE BOARD CHAIR AND THE POLICY REGARDING A CONFLICT OF INTEREST IS INVOKED.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service Name of the organization

THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE TRUSTEE OR OFFICER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERESTED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE INTERESTED PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

PROCESS OF DETERMINING COMPENSATION OF THE CEO AND OTHER OFFICERS

FORM 990, PART VI, LINES 15A & 15B

THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES AND NO OFFICERS OR OTHER EMPLOYEES RECEIVED ANY COMPENSATION FROM THE FILING ORGANIZATION (E.G., THE FOUNDATION). DURING FYE 6/30/2022, ALL ARE EMPLOYEES OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA, A RELATED ORGANIZATION, AND ARE COMPENSATED BY THAT RELATED ORGANIZATION. SENIOR MANAGEMENT, INCLUDING THE CHANCELLOR, ARE COMPENSATED IN ACCORDANCE WITH UNIVERSITY OF CALIFORNIA REGENTS POLICY 7701. A NUMBER OF FACTORS ARE CONSIDERED TO DETERMINE FAIR AND REASONABLE COMPENSATION INCLUDING: PERFORMANCE, PEER COMPARABILITY, EXTERNAL MARKET COMPARABILITY, SCOPE AND BREADTH OF

SCHEDULE O (Form 990 or 990-EZ)

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 2 2 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UC SANTA BARBARA FOUNDATION

EXPERIENCE AND RESPONSIBILITIES. COMPENSATION OF THE CHANCELLOR IS

APPROVED BY THE REGENTS.

AVAILABILITY OF GOVERNING DOCUMENTS AND POLICIES

FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2022				
Name of the organization	Employer identification number			
UC SANTA BARBARA FOUNDATION	23-7314834			

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

THE UC SANTA BARBARA FOUNDATION ACTIVELY WORKS TO FURTHER THE GOALS OF THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA. THE FOUNDATION SEEKS TO MAINTAIN AND NURTURE THE UNIVERSITY'S QUALITY AND DISTINCTION. ON BEHALF OF THE CAMPUS, THE FOUNDATION RAISES AND ADMINISTERS FUNDS THAT SUPPORT UCSB'S OBJECTIVES OF TEACHING, RESEARCH, AND PUBLIC SERVICE. THE FOUNDATION ALSO PROVIDES COUNSEL AND GENERAL ASSISTANCE TO THE CAMPUS, ITS STUDENTS, FACULTY, AND STAFF.

Schedule O (Form 990 or 990-EZ) 2022 Name of the organization		Page Employer identification number
UC SANTA BARBARA FOUNDATION		23-7314834
FORM 990, PART X - OTHER FUNDS		
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
UNRESTRICTED	1,287,856.	1,546,747.
RESTRICTED - EXPENDABLE	189,648,693.	
RESTRICTED - NONEXPENDABLE	195,984,213.	204,150,953.
TOTALS		
	386,920,762.	412,473,121.
	==============	============

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

UC SANTA BARBARA FOUNDATION

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

(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)					
(2)					
(3)					
(4)					
(5)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II 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 5 contr enti	12(b)(13) olled
						Yes	No
(1) UNIVERSITY OF CALIFORNIA, SANTA BARBARA 95-6006145							
UNIVERSITY OF CALIFORNIA SANTA BARBARA, CA 93106	EDUC/RESEARCH	CA	501(C)(3)	6	STATE OF CA		х
(2) REGENTS OF THE UNIVERSITY OF CALIFORNIA 94-3067788							
1111 FRANKLIN STREET OAKLAND, CA 94607	EDUCATION	CA			STATE OF CA		х
(3)							
(4)							
(5)							
(6)	-						
(7)							

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

OMB No. 1545-0047

2 22 Open to Public

Inspection Employer identification number

23-7314834

Schedule R (Form 990) 2022

UC SANTA BARBARA FOUNDATION

23-7314834

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Page **2**

	Identification of Related Organizations Taxable as a Partnership. Co	omplete if the organ	nization answered '	'Yes" on Form 990, Pa	art IV, line 34,
i ait iii	because it had one or more related organizations treated as a partner	ship during the tax	/ear.		

because it had one of	inore related org	anizatior	is ireated as a p	armersnip during in	e lax 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	(I Disprop alloca	-	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ner?	(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)		(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 UNITRUST (5)	_							
	FUNDRAISING	CA	N/A	TRUST				x
(2) CHARITABLE REMAINDER ANNUITY TRUST								
	FUNDRAISING	CA	N/A	TRUST				x
(3)								
(4)	_							
(5)	-							
(6)	-							
(7)	_							

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

Not	e: 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 lis	sted in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
b	Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х		
	Loans or loan guarantees to or for related organization(s)				1d		Х		
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		Х		
	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		Х		
	Exchange of assets with related organization(s)				<u>1i</u>		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
					1k		Х		
	k Lease of facilities, equipment, or other assets from related organization(s)								
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х		
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
ο	Sharing of paid employees with related organization(s)				10	Х			
	Reimbursement paid to related organization(s) for expenses				1p	X			
q	Reimbursement paid by related organization(s) for expenses				1q		X		
	Other transfer of cash or property to related organization(s)				1r		X		
<u>s</u>	Other transfer of cash or property from related organization(s).		• • • • • • • • • • • • • • • • • • •		1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete			iction thre		s.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method	(d) of dete	rminin	g		
		type (a - s)		amou	int invo	lved			
(1)									
()									
(2)									
(3)									
(4)									
(F)									
(5)									
(6)									
(9)		1	1						

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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	(a) (b) ss, and EIN of entity Primary activity		(d) Predominant income (related, unrelated, excluded from tax under	organizations r		(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
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)	_												
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(16)	_												

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 UC SANTA BARBARA FOUNDATION

Part VII Supplemental Information

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

RELATED ORGANIZATIONS

SCHEDULE R, PART VII - RELATED ORGANIZATIONS

DUE TO THE INCREASINGLY COMPLEX ORGANIZATION STRUCTURE OF THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AND AFFILIATES, UC SANTA BARBARA FOUNDATION HAS ELECTED TO REPORT ALL ORGANIZATIONS WITHIN THE REGENTS OF THE UNIVERSITY OF CALIFORNIA AS RELATED, REGARDLESS OF OWNERSHIP INTEREST OR "CONTROL" AS DEFINED BY THE INSTRUCTIONS TO SCHEDULE R. THE INTENT OF THIS REPORTING IS TO PROMOTE TRANSPARENCY AND INCREASE CONSISTENCY ACROSS THE NUMEROUS FORM 990 SUBMISSIONS BY THE REGENTS OF THE UNIVERSITY OF CALIFORNIA.