## **Return of Organization Exempt From Income Tax**

Form **990** 

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

AF	or tn	e 202	1 calendar year, or tax year begin	ining 07/	01/2021	and endin				)/2022				
R o	h I. :4		C Name of organization					D Employer ide	ntificatio	n number				
	heck if ap		UC SANTA BARBARA FOUNI	DATION										
	Addre chang		Doing Business As					23-7314	834					
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite	E	E Telephone number						
	Initial	return	UNIVERSITY OF CALIFORM	NIA				(805)89	3-52	74				
	Termi	inated	City or town, state or province, country, a	and ZIP or foreign postal code										
	Amen return		SANTA BARBARA, CA 931(	06-1130				Gross receipt	s \$	55,990	,448.			
	Applic pendi		F Name and address of principal officer:	CHRISTIAN TRE	EITLER		F	H(a) Is this a grou subordinates?		Yes	X No			
			4219A CHEADLE HALL, UC	SANTA BARBARA,	CA 9310	6-2011	F	<b>i(b)</b> Are all subordi		? Yes	No			
1	Tax-ex	empt sta	atus: X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) o	r 527	7	If "No," attac	h a list. (see	instructions)				
J	Websi	te: 🕨	WWW.IA.UCSB.EDU/UCSB-FO	DUNDATION			F	H(c) Group exemp	tion numbe	r 🕨				
K	Form o	of organ	ization: X Corporation Trust	Association Other		L Year of	formatio	n: 1973 <b>M</b>	State of le	gal domicile:	: CA			
Pa	art I	Sur	mmary											
	1	Briefly	describe the organization's mission o	r most significant activities	: THE U	C SANTA	BARB	ARA FOUNI	OITAC	ISA	NON			
9		-PRO	OFIT, PUBLIC-BENEFIT COR	PORATION ORGANI	ZED TO	RAISE, A	ACCEP	T, AND						
яú		ADM:	INISTER PRIVATE GIFTS AN	ID GRANTS TO UC	SANTA B	ARBARA.								
Governance	2	Check	this box 🕨 🔃 if the organization d	iscontinued its operation	s or disposed	d of more tha	n 25% c	of its net assets	: 5.					
Ő	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3		94			
≪ ′∩			er of independent voting members of t						4		87			
ţ.			number of individuals employed in cale						5		NONE			
Activities &	l .		number of volunteers (estimate if necess						6		94			
Å	7a	Total	unrelated business revenue from Part V						7a		NONE			
			nrelated business taxable income from						7b		NONE			
								Prior Year		Current Y	ear			
a)	8	Contri	butions and grants (Part VIII, line 1h)	<del></del>	13	36,136,22	1.	32,126	,877.					
ů	9	Progra	am service revenue (Part VIII, line 2g)	FOR		NC	NE	·	NONE					
Revenue	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	SPECTION		2,406,17	7.	1,656	5,506.			
œ			revenue (Part VIII, column (A), lines 5,					127,73		,	292.			
			revenue - add lines 8 through 11 (must			ı	3		_	33,783				
			s and similar amounts paid (Part IX, colu					21,936,91		26,563				
			its paid to or for members (Part IX, colu						NE	·	NONE			
S	4.5		es, other compensation, employee bene			NC	NE		NONE					
Expenses	16a		ssional fundraising fees (Part IX, column					NC	NE		NONE			
хbе	b		fundraising expenses (Part IX, column (I											
Ш	17		expenses (Part IX, column (A), lines 11					606,48	3.	713	3,626.			
			expenses. Add lines 13-17 (must equal				2	22,543,39	4.	27,276	,810.			
	19		nue less expenses. Subtract line 18 from				1	16,126,73	4.		,865.			
Ses							Beginni	ng of Current Y	ear	End of Ye	ar			
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)				43	37,897,76	1. 4	115,056	,414.			
Ass	21	Total I	liabilities (Part X, line 26)				2	29,419,38	0.	28,135	,652.			
E E	22	Net as	ssets or fund balances. Subtract line 21	from line 20			40	08,478,38	1.	386,920	,762.			
Pa	rt II	Siç	gnature Block											
Und	der per	nalties o	of perjury, I declare that I have examined the	is return, including accompa	anying schedul	es and statem	ents, and	d to the best of	my know	ledge and b	elief, it is			
true	e, corre	ct, and	complete. Declaration of preparer (other than	onicer) is based on all infor	nation of whic	n preparer has	s any kno	wieage.						
Sig			Signature of officer					Date						
He	re		CHRISTIAN TREITLER		CFO									
			Type or print name and title											
		Print/	Type preparer's name	Preparer's signature		Date		Check	if PTIN					
Paid		ERIC	CA R MCREYNOLDS			self-employed P0097780								
	Only	Firm's	name PRICEWATERHOUSEC	OOPERS LLP			F	Firm's EIN	13-4	1008324				
use	Unity			SUITE 1800 PHILADELPH	IA, PA 1910	13		Phone no.		303000				
May	the II	RS dis	cuss this return with the preparer show	n above? (see instructions	)					X Yes	No			
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.						Form <b>99</b>				

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes X No
	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am
	services?	
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 19,084,542. including grants of \$ 19,084,542. ) (Revenue \$	NONE )
	UNIVERSITY PROGRAMS/OTHER DISBURSEMENTS. FUNDS ARE PROVIDED TO	
	THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA WHICH ASSUMES	
	FIDUCIARY RESPONSIBILITY FOR ACTUAL DISBURSEMENT FOR DEPARTMENT	
	SUPPORT, INSTRUCTORS, RESEARCH AND SPECIAL PROJECTS.	
4b	(Code: ) (Expenses \$ 4,353,893. including grants of \$ 4,353,893. ) (Revenue \$	none )
	SCHOLARSHIPS AND AWARDS MONIES WERE TRANSFERRED FROM THE UC SANTA	
	BARBARA FOUNDATION TO THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA	
	IN SUPPORT OF SCHOLARSHIPS AND AWARDS. THE UNIVERSITY OF	
	CALIFORNIA, SANTA BARBARA ASSUMES FIDUCIARY RESPONSIBILITY FOR	
	AWARDING AND ADMINISTERING THE FUNDS.	
4c	(Code:) (Expenses \$3,124,749. including grants of \$3,124,749. ) (Revenue \$	NONE_)
	THE FOUNDATION RAISES, RECORDS AND MANAGES GIFTS FROM INDIVIDUALS,	
	CORPORATIONS, ORGANIZATIONS AND FOUNDATIONS FOR THE SOLE BENEFIT	
	OF UC SANTA BARBARA IN ACCORDANCE WITH DONORS' WISHES. THE	
	FOUNDATION PAYS A PERCENTAGE OF AWARDS RECEIVED, REFERRED TO AS	
	GIFT FEES, AND A PERCENTAGE OF ENDOWMENT EARNINGS, KNOWN AS	
	ENDOWMENT FEES, TO UC SANTA BARBARA TO REIMBURSE FOR PERSONNEL	
	SERVICES AND USE OF FACILITIES PROVIDED TO THE FOUNDATION.	
4 -1	Other program convices (Describe on Schedule O.)	
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 26,563,184.	- 000
	020 1.000	Form <b>990</b> (2021)

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Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? <i>If</i> "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			
J	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			- 22
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
11				
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			3.7
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			21
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
19		40		· •
00 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ا		
JSA	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	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		163	140
	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			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	37	
24 a	employees? If "Yes," complete Schedule J	23	X	
<b>_</b> u	\$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		Х
	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	245		
Ч	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
	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?	256		37
26	If "Yes," complete Schedule L, Part I	25b		X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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			
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"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			
31	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	J.		- 21
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	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	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	X
	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
	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			
David	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Oncok ii ochedule o comaino a response oi note to any line in tilis Falt v		Yes	No
1 a	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 Form	990	(2021)
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	~			

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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		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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).			
а	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		
С	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	The organization of the second second plants and the second secon			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		21
ъ 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.40		
IJ	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			25
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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			

23-7314834 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 94							
	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							
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1						
_	any other officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
·u	one or more members of the governing body?	7a		X				
b								
	stockholders, or persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
•	the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?.	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?	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	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		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 arrangement	160		v				
	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 its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Secti	on C. Disclosure	וטט						
17 18	List the states with which a copy of this Form 990 is required to be filed ► CA, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (000	tion F	.01(a)				
10	(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)	(Sec	uon 5	01(6)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,				
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s ►						
	MELODIE LEE UCSB FDN 1115 PHELPS HALL UC SANTA BARBARA, CA 93106-1130							

805-893-5274

7848KW D89Q

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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.

TRUSTEE	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, unle		Posi o not check ox, unless per icer and a di Officer Institutional trustee		re than one n is both an		(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
TRUSTEE	(1) DR. HENRY T. YANG	2.00									
C2 SUSANNAH SCOTT   2.00   X		<u> </u>	X						NONE	436,991.	79,044.
TRUSTEE 38.00 X NONE 448,898. 48,016.  (3) DR. DAVID MARSHALL 2.00  TRUSTEE 38.00 X NONE 394,704. 24,453.  (4) RENE WEBER 2.00  TRUSTEE 38.00 X NONE 298,431. 29,398.  (5) CRISTINA MARCHETTI 2.00  TRUSTEE 38.00 X NONE 260,221. 21,664.  (6) CHRISTIAN TREITLER 8.00  CFO 32.00 X NONE 180,846. 32,110.  (7) SAMANTHA PUTNAM 2.00  TRUSTEE 38.00 X NONE 180,846. 32,110.  (7) SAMANTHA PUTNAM 2.00  TRUSTEE 38.00 X NONE 136,153. 28,186.  (8) DR. DUNCAN A. MELLICHAMP 2.00  TRUSTEE NONE X NONE NONE NONE NONE NONE NONE											,
Column			Х						NONE	448,898.	48,016.
TRUSTEE 38.00 X NONE 394,704. 24,453.  (4) RENE WEBER 2.00 TRUSTEE 38.00 X NONE 298,431. 29,398.  (5) CRISTINA MARCHETTI 2.00 TRUSTEE 38.00 X NONE 260,221. 21,664.  (6) CHRISTIAN TREITLER 8.00 CFO 32.00 X X NONE 180,846. 32,110.  (7) SAMANTHA PUTNAM 2.00 TRUSTEE 38.00 X NONE 180,846. 32,110.  (6) DR. DUNCAN A. MELLICHAMP 2.00 TRUSTEE NONE X NONE 136,153. 28,186.  (9) DAVID G. ADISHIAN 2.00 TRUSTEE NONE X NONE NONE NONE NONE NONE  (10) JANET A. ALPERT 2.00 TRUSTEE NONE X NONE NONE NONE NONE  (11) SARAH ARGYROPOULOS 2.00 TRUSTEE NONE X NONE 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 NONE NONE NONE  (14) LAURIE J. BENTSON KAUTH 2.00 TRUSTEE NONE X NONE NONE NONE  (14) LAURIE J. BENTSON KAUTH 2.00 TRUSTEE NONE X NONE NONE NONE	(3) DR. DAVID MARSHALL	2.00									
TRUSTEE 38.00 X NONE 298,431. 29,398.  (5) CRISTINA MARCHETTI 2.00  TRUSTEE 38.00 X NONE 260,221. 21,664.  (6) CHRISTIAN TREITLER 8.00  CFO 32.00 X X NONE 180,846. 32,110.  (7) SAMANTHA PUTNAM 2.00  TRUSTEE 38.00 X NONE 136,153. 28,186.  (8) DR. DUNCAN A. MELLICHAMP 2.00  TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	TRUSTEE		Х						NONE	394,704.	24,453.
C5 CRISTINA MARCHETTI	(4) RENE WEBER	2.00									
TRUSTEE 38.00 X NONE 260,221. 21,664.  (6) CHRISTIAN TREITLER 8.00  CFO 32.00 X X NONE 180,846. 32,110.  (7) SAMANTHA PUTNAM 2.00  TRUSTEE 38.00 X NONE 136,153. 28,186.  (8) DR. DUNCAN A. MELLICHAMP 2.00  TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	TRUSTEE	38.00	Х						NONE	298,431.	29,398.
CFO	(5) CRISTINA MARCHETTI	2.00									
CFO	TRUSTEE	38.00	Х						NONE	260,221.	21,664.
(7) SAMANTHA PUTNAM         2.00           TRUSTEE         38.00         X         NONE         136,153.         28,186.           (8) DR. DUNCAN A. MELLICHAMP         2.00         NONE         NO	(6) CHRISTIAN TREITLER	8.00									
TRUSTEE 38.00 X NONE 136,153. 28,186.  (8) DR. DUNCAN A. MELLICHAMP 2.00  TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	CFO	32.00	Х		Χ				NONE	180,846.	32,110.
(8) DR. DUNCAN A. MELLICHAMP         2.00           TRUSTEE         NONE         X           (9) DAVID G. ADISHIAN         2.00           TRUSTEE         NONE         X           (10) JANET A. ALPERT         2.00           TRUSTEE         NONE         X           (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           NONE         NONE         NONE           (14) LAURIE J. BENTSON KAUTH         2.00           TRUSTEE         NONE         X	(7) SAMANTHA PUTNAM	2.00									
TRUSTEE         NONE         X         NONE         NONE         NONE           (9) DAVID G. ADISHIAN         2.00         NONE         NONE <td>TRUSTEE</td> <td>38.00</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NONE</td> <td>136,153.</td> <td>28,186.</td>	TRUSTEE	38.00	Х						NONE	136,153.	28,186.
(9) DAVID G. ADISHIAN         2.00           TRUSTEE         NONE         X         NONE         NONE <td>(8) DR. DUNCAN A. MELLICHAMP</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) DR. DUNCAN A. MELLICHAMP	2.00									
TRUSTEE         NONE         X         NONE         NONE         NONE           (10) JANET A. ALPERT         2.00         X         NONE	TRUSTEE	NONE	X						NONE	NONE	NONE
(10) JANET A. ALPERT         2.00           TRUSTEE         NONE         X         NONE         NONE         NONE           (11) SARAH ARGYROPOULOS         2.00         X         NONE	(9) DAVID G. ADISHIAN	2.00									
TRUSTEE         NONE         X         NONE         NONE         NONE           (11) SARAH ARGYROPOULOS         2.00         X         NONE         NONE <td>TRUSTEE</td> <td>NONE</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>	TRUSTEE	NONE	X						NONE	NONE	NONE
(11) SARAH ARGYROPOULOS         2.00           TRUSTEE         NONE         X         NONE         NONE<	(10) JANET A. ALPERT	2.00									
TRUSTEE         NONE         X         NONE         NONE         NONE           (12) RICHARD A. AUHLL         2.00         X         NONE	TRUSTEE	NONE	Х						NONE	NONE	NONE
(12) RICHARD A. AUHLL         2.00           TRUSTEE         NONE         X         NONE         NONE         NONE           (13) DR. ROBERT D. BALLARD         2.00         X         NONE	(11) SARAH ARGYROPOULOS	2.00									
TRUSTEE         NONE         X         NONE         NONE         NONE           (13) DR. ROBERT D. BALLARD         2.00	TRUSTEE	NONE	Х						NONE	NONE	NONE
(13) DR. ROBERT D. BALLARD         2.00           TRUSTEE         NONE         X         NONE         NONE         NONE           (14) LAURIE J. BENTSON KAUTH         2.00         X         NONE         NONE         NONE         NONE	(12) RICHARD A. AUHLL	2.00									
TRUSTEE NONE X NONE NONE NONE  (14) LAURIE J. BENTSON KAUTH 2.00  TRUSTEE NONE X NONE NONE NONE	TRUSTEE	NONE	X						NONE	NONE	NONE
(14) LAURIE J. BENTSON KAUTH2.00TRUSTEENONEXNONENONENONE	(13) DR. ROBERT D. BALLARD	2.00									
TRUSTEE NONE X NONE NONE NONE			Х						NONE	NONE	NONE
Form <b>990</b> (2021)	TRUSTEE	NONE	X						NONE	NONE	

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Form 990 (2021)										Page <b>8</b>
Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	oye	es,	and H	ligl	hest Compensat	ed Employees (d	ontinued)
(A)	(B)			-	C)			(D)	(E)	<b>(F)</b>
Name and title	Average hours per	(do i	not c	Position ot check more than one				Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	box,	unle	ss pe	erson	is both a	an	from	related	other
	hours for					tor/truste		the	organizations	compensation
	related organizations	r di	nstit	Officer	ey e	mpl	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	Individual trustee or director	utio	er	Key employee	est c	Ф	(W-2/1099-WISC)		and related
	line)	or E	nal t		oye	Öm				organizations
		stee	Institutional trustee		Ι Φ	ens				
			8			Highest compensated employee				
( 15) MARK A. BERTELSEN	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
( 16) DR. EDWARD E. BIRCH	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
( 17) GWENDOLYN A. BROWN	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
( 18) DR. PAULA Y. BRUICE	5.00							17017	17017	170177
VC DEVELOPMENT	NONE	X		Х				NONE	NONE	NONE
( 19) DANIEL P. BURNHAM TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
( 20) STEPHEN E. COOPER	2.00	_ ^						NONE	NONE	NOM
TRUSTEE	NONE	X						NONE	NONE	NONE
(21) ANN CADY COOPER	2.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
( 22) LEONARD DEBENEDICTIS	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
( 23) JAMES G.P. DEHLSEN	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
( 24) WILLIAM A. DINSMORE, III	2.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
( 25) TUNC DOLUCA TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
							_	NONE		262,871.
1b Sub-total c Total from continuation sheets to Part VII,	Section A	• • •	• •	• •	• •			NONE		NONE
d Total (add lines 1b and 1c)	· <del>=</del>						•	NONE		262,871.
2 Total number of individuals (including but no							re	ceived more than		•
reportable compensation from the organizati						7			· 	
										Yes No
3 Did the organization list any former off										
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ina	livid	lual						3
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole o	com	per	nsation	ı aı	nd other compens	sation from the	
organization and related organizations of										4
individual										4
5 Did any person listed on line 1a receive of for services rendered to the organization? If '										5
101 301 VIOC3 TOTIGOTEGI TO THE OTGATILZATIOT!! II	roo, comple	10 001	icut	<i>AIG</i> 0	, 101	Suci i	001	0011		

#### Section B. Independent Contractors

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

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

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28   GLENN E. DUVAL   2.00   TRUSTEE	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees (d	continu	ıed)	
26) DIANDRA DE MORRELL DOUGLAS  2.00 TRUSTEE  NONE X  NONE X  NONE NONE  2.00 TRUSTEE  NONE X  NONE NONE  30) GARY E. ERICKSON  VC DONOR RELATIONS  NONE X  NONE X  NONE NONE  31) ELIZABETH GABLER  2.00 TRUSTEE  NONE X  NONE X  NONE NONE  32) JOHN E. GERNGROSS  2.00 TRUSTEE  NONE X  NONE X  NONE NONE  33) FREDERICK W. GLUCK  2.00 TRUSTEE  NONE X  NONE X  NONE NONE  34) MARC GROSSMAN  2.00 TRUSTEE  NONE X  NONE X  NONE NONE  35) JOHN A. GURLEY  2.00 TRUSTEE  NONE X  NONE NONE  36) NORMAN N. HABERMANN  2.00 TRUSTEE  NONE X  NONE NONE  NONE  NONE  TRUSTEE  NONE X  NONE		Name and title  Average hours per week (list any hours for hours for hours for hours for Name and title  Average hours per week (list any hours for hours for  Average hours per week (list any hours for hours for Name and title  Average hours per week (list any hours for hours for Name and title  Reportable compensation from related organizations								cor	stimated mount o other mpensati	of ion	
TRUSTEE		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	or aı	ganizationd relate	on d
TRUSTEE			Х						NONE	NONE			NONI
TRUSTEE NONE X NONE NONE  29) BETTY ELINGS WELLS  5.00  CHAIR NONE X X NONE NONE  WC DONOR RELATIONS  NONE X X NONE NONE  31) ELIZABETH GABLER  2.00  TRUSTEE NONE X NONE NONE NONE  32) JOHN E. GERNGROSS  2.00  TRUSTEE NONE X NONE NONE NONE  33) FREDERICK W. GLUCK  2.00  TRUSTEE NONE X NONE NONE NONE  34) MARC GROSSMAN  2.00  TRUSTEE NONE X NONE NONE NONE  35) JOHN A. GURLEY  2.00  TRUSTEE NONE X NONE NONE  TRUSTEE NONE X NONE NONE  36) NORMAN N. HABERMANN  2.00  TRUSTEE NONE X NONE NONE  TOTAL GRAPT OF THE STREET NONE  TRUSTEE NONE X NONE NON			Х						NONE	NONE			NON
CHAIR NONE X X NONE NONE  30) GARY E. ERICKSON 5.00 X X NONE NONE  VC DONOR RELATIONS NONE X X NONE NONE  31) ELIZABETH GABLER 2.00 TRUSTEE NONE X NONE NONE  32) JOHN E. GERNGROSS 2.00 NONE X NONE NONE  33) FREDERICK W. GLUCK 2.00 NONE X NONE NONE  34) MARC GROSSMAN 2.00 NONE X NONE NONE  35) JOHN A. GURLEY 2.00 NONE X NONE NONE  36) NORMAN N. HABERMANN 2.00 NONE X NONE NONE  16 Sub-total NONE X NONE X NONE NONE  17 TRUSTEE NONE X NONE NONE  18 Sub-total NONE X NONE NONE  19 TRUSTEE NONE X NONE NONE  10 TRUSTEE NONE X NONE NONE  10 TRUSTEE NONE X NONE NONE  11 Sub-total NONE NONE NONE  12 Total from continuation sheets to Part VII, Section A NONE NONE  2 Total from continuation sheets to Part VII, Section A NONE NONE NONE  2 Total from continuation from the organization Propertable compensation from the organization Propertable compensation from the organization Propertable compensation list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		+	x						NONE	NONE			NON
VC DONOR RELATIONS       NONE       X       X       NONE       NONE         31) ELIZABETH GABLER       2.00       X       NONE       X         TRUSTEE       NONE       X       NONE       NONE         32) JOHN E. GERNGROSS       2.00       NONE       X       NONE       NONE         TRUSTEE       NONE       X       NONE       NONE       NONE         34) MARC GROSSMAN       2.00       NONE       X       NONE       NONE       NONE         35) JOHN A. GURLEY       2.00       NONE       X       NONE       NONE <td></td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td></td> <td></td> <td>NON:</td>			Х		Х				NONE	NONE			NON:
TRUSTEE NONE X NONE NONE  32) JOHN E. GERNGROSS 2.00  TRUSTEE NONE X NONE NONE  33) FREDERICK W. GLUCK 2.00  TRUSTEE NONE X NONE NONE  34) MARC GROSSMAN 2.00  TRUSTEE NONE X NONE NONE  35) JOHN A. GURLEY 2.00  TRUSTEE NONE X NONE NONE  36) NORMAN N. HABERMANN 2.00  TRUSTEE NONE X NONE NONE  36) NORMAN N. HABERMANN 2.00  TRUSTEE NONE X NONE NONE  36) TRUSTEE NONE X NONE NONE  37) JOHN A. GURLEY 1.00  TRUSTEE NONE X NONE NONE  38) JOHN A. GURLEY 1.00  TRUSTEE NONE X NONE NONE  39) JOHN A. GURLEY 1.00  TRUSTEE NONE X NONE NONE  TOTAL from continuation sheets to Part VII, Section A		+	Х		Х				NONE	NONE			NON]
TRUSTEE NONE X NONE NONE  33) FREDERICK W. GLUCK 2.00  TRUSTEE NONE X NONE NONE  34) MARC GROSSMAN 2.00  TRUSTEE NONE X NONE NONE  35) JOHN A. GURLEY 2.00  TRUSTEE NONE X NONE NONE  36) NORMAN N. HABERMANN 2.00  TRUSTEE NONE X NONE NONE  1b Sub-total  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes  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		+	Х						NONE	: NONE			NON:
TRUSTEE NONE X NONE NONE  34) MARC GROSSMAN 2.00  TRUSTEE NONE X NONE NONE  35) JOHN A. GURLEY 2.00  TRUSTEE NONE X NONE NONE  36) NORMAN N. HABERMANN 2.00  TRUSTEE NONE X NONE NONE  1b Sub-total  c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Yes  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			Х						NONE	NONE			NON:
TRUSTEE		+	Х						NONE	: NONE			NON:
TRUSTEE NONE X NONE NONE  36) NORMAN N. HABERMANN 2.00  TRUSTEE NONE X NONE NONE  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  NONE  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 Yes  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		+	Х						NONE	: NONE			NON:
TRUSTEE NONE X NONE NONE  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Yes  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		+	Х						NONE	: NONE			NON:
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			Х						NONE	: NONE			NON:
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	c Total from continuation sheets to Part VII, Sod Total (add lines 1b and 1c)	limited to t	<u> </u>		ed al	bove	e) who	▶ ▶ • re	eceived more than	\$100,000 of			
4. For any individual listed on line 4a in the gum of reportable contraction and other contraction for the											3	Yes	No
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	organization and related organizations gre	eater than	s15	50,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	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 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	sati	on t	fron	n any	un	related organization	on or individual			
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	·	nonacted!	ndan	- n d	204	00.5	tracts	ro t	hat received man	than \$100,000			

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

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

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

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-	Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	oye	es,	and I	Hig	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	erson	e than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
′ _	37) EVA HALLER	2.00									
_	TRUSTEE	NONE	X						NONE	NONE	NON
	38) ROY C. HARDIMAN	2.00									
_	TRUSTEE	NONE	X						NONE	NONE	NONI
_	39) THOMAS J. HARRIMAN	2.00	-								
_	TRUSTEE	NONE	X		-				NONE	NONE	NON
_	40) W. ROGER HAUGHTON	2.00									
_	TRUSTEE	NONE	X						NONE	NONE	NONE
_	41) DAVID R. HENKE	2.00 NONE	37						NONE	NONE	NON
_	TRUSTEE	NONE	X		-				NONE	NONE	NONI
_	42) GEORGE W. HOLBROOK, JR.	2.00 NONE	v						NONE	NONE	NONI
_	TRUSTEE 43) JUDITH L. HOPKINSON	2.00	X						NONE	NONE	NONE
_	TRUSTEE	NONE	X						NONE	NONE	NONI
_	44) M. BLAIR HULL, JR.	2.00							NONE	NONE	NOINI
_	TRUSTEE	NONE	X						NONE	NONE	NONE
_	45) PETER C. JORDANO	2.00									
_	TRUSTEE	NONE	Х						NONE	NONE	NONE
′ –	46) DR. R. MICHAEL KOCH	2.00									
	TRUSTEE	NONE	Х						NONE	NONE	NONI
΄ _	47) JACK W. KROUSKUP	2.00									
_	TRUSTEE	NONE	Х						NONE	NONE	NON
	1b Sub-total							<b>&gt;</b>			
	c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>			
_	d Total (add lines 1b and 1c)							<b>&gt;</b>			
	2 Total number of individuals (including but not		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of	
_	reportable compensation from the organization	n ▶									
	3 Did the organization list any former offic	er, directo	or. or	trı	uste	e.	kev e	emn	olovee, or highes	t compensated	Yes No
	employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	livid	lual			۰۲			3
	5 Did any person listed on line 1a receive or	accrue co	mpen	sati	ion	fron	n any	un	related organizati	on or individual	_
-	for services rendered to the organization? If "Yo Section B. Independent Contractors	es, comple	ie SCI	ieal	ııe .	וסו נ	sucn	per	SUN		5
_	Complete this table for your five highest com	nensated i	ndene	ende	ent	con	tracto	rs t	that received more	than \$100 000 c	ıf
	compensation from the organization. Report of year.										

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

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

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	-00	-	
			Page 8

A99 R. MARILYN LEE	Part VII Section A. Officers, Directors, 7	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
Control Check more than one objectives the property of the control of the compensation from the organization of the compensation from the organization of the organi	(A)	(B)			(0	C)			(D)	(E)		(F)	
week dut on hours to house person is both an officer and a director/usued or related organization when the house of the head organization had organization and related organization from the organization (W-2/1099-MISC)  48.) LINDA LA KRETZ DUTTENHAVER 2.00  TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	Name and title	1 *	(40.	4			. 46		'				
Compensation   Comp		1	,										
48) LINDA LA KRETZ DUTTENHAVER 2.00 TRUSTEE NONE X NONE NONE NONE NONE NONE NONE		1 '	office	er and	d a c		tor/truste	ee)					on
48) LINDA LA KRETZ DUTTENHAVER 2.00 TRUSTEE NONE X NONE NONE NONE NONE NONE NONE			Indi or d	Inst	9	₹ ey	High	Forr		(W-2/1099-MISC)			_
48) LINDA LA KRETZ DUTTENHAVER 2.00 TRUSTEE NONE X NONE NONE NONE NONE NONE NONE		1 -	/idu	itutio	er	emp	loye	ner	(W-2/1099-MISC)		-		
48) LINDA LA KRETZ DUTTENHAVER 2.00 TRUSTEE NONE X NONE NONE NONE NONE NONE NONE		line)	or tr	nal		oloye	e com				orga	nization	IS
48) LINDA LA KRETZ DUTTENHAVER 2.00 TRUSTEE NONE X NONE NONE NONE NONE NONE NONE			ıste	trus		ď	pen						
A8) LINDA LA KRETZ DUTTENHAVER				ee			sate						
TRUSTEE   NONE   X   NONE   NONE   NONE   49) R. MARILYN LEE   2.00   NONE   X   NONE   NONE   50) LILLIAN P. LOVELACE   2.00   NONE   X   NONE   NONE   51) JOIN W. MARREN   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   52) KATHRYN D. MCKEE   NONE   X   NONE   NONE   NONE   53) PAMELA MEYER LOPKER   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   53) PAMELA MEYER LOPKER   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   54) LOUISE A. PAHL   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   55) ALEX N. PANANIDES   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   55) ALEX N. PANANIDES   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   55) CEIL PULTZER   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   56) CEIL PULTZER   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   57) CONNER D. REHAGE   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   58) LADY LESLIE RIDLEY-TREE   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   58) LADY LESLIE RIDLEY-TREE   2.00   TRUSTEE   NONE   X   NONE   NONE   NONE   58) Lady Leslie Ridden   Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from continuation sheets to Part VII, Section A   Cold from	48) LINDA LA KRETZ DUTTENHAVER	2.00											
TRUSTEE	`	+	x						NONE	NONE		1	VONE
TRUSTEE									110112	110112			
TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	`	+	X						NONE	NONE		1	NONE
TRUSTEE									-	-			
STUSTEE		+	X						NONE	NONE		1	NONE
TRUSTEE													
TRUSTEE   NONE   X   NONE	TRUSTEE	NONE	X						NONE	NONE		1	NONE
TRUSTEE NONE X NONE NONE NONE NONE NONE S\$\)  TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	52) KATHRYN D. MCKEE	2.00											
TRUSTEE NONE X NONE NONE NONE S4 NONE NONE NONE S4 LOUISE A. PAHL 2.00 NONE X NONE NONE NONE NONE NONE S5) ALEX N. PANANIDES 2.00 TRUSTEE NONE X NONE NONE NONE NONE S6) CEIL PULITZER 2.00 TRUSTEE NONE X NONE NONE NONE NONE S7) CONNER D. REHAGE 2.00 TRUSTEE NONE X NONE NONE NONE NONE S8) LADY LESLIE RIDLEY-TREE 2.00 TRUSTEE NONE X NONE NONE NONE NONE NONE TOTAL Gradients of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Parallel Compensation from the organization and related organization greater than \$150,000? If "Yes," complete Schedule J for such individual	`	NONE	Х						NONE	NONE		1	NONE
TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	53) PAMELA MEYER LOPKER	2.00											
TRUSTEE NONE X NONE NONE S5) ALEX N. PANANIDES 2.00  TRUSTEE NONE X NONE NONE NONE NONE NONE S6) CEIL PULITZER 2.00  TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	TRUSTEE	NONE	Х						NONE	NONE		1	NONE
TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	54) LOUISE A. PAHL	2.00											
TRUSTEE	TRUSTEE	NONE	Х						NONE	NONE		1	NONE
TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	55) ALEX N. PANANIDES	2.00											
TRUSTEE NONE X NONE NONE NONE STRUSTEE 2.00  TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	TRUSTEE	NONE	Х						NONE	NONE		1	NONE
TRUSTEE NONE X NONE NONE NONE  TRUSTEE NONE NONE NONE NONE  TRUSTEE NONE NONE NONE NONE  TRUSTEE NONE NONE NONE NONE NONE NONE  TRUSTEE NONE NONE NONE NONE NONE NONE NONE N	56) CEIL PULITZER	2.00											
TRUSTEE NONE X NONE NONE NONE  TRUSTEE NONE NONE NONE NONE NONE  TRUSTEE NONE NONE NONE NONE  TRUSTEE NONE NONE NONE NONE NONE NONE NONE N	TRUSTEE	NONE	X						NONE	NONE		1	NONE
TRUSTEE  NONE  Yes  NO  No  Yes  No  Yes  No  No  Yes  No  Yes  No  Yes  No  No  Yes  No  Yes  No  Yes  No  No  Yes  No  Yes  No  Yes  No  Yes  No  No  Yes  No  Yes  No  No  Yes  No	57) CONNER D. REHAGE	2.00											
TRUSTEE NONE X NONE NONE NONE  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   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	TRUSTEE	NONE	X						NONE	NONE		1	NONE
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  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	58) LADY LESLIE RIDLEY-TREE	2.00											
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Yes No  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  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	TRUSTEE	NONE	X						NONE	NONE		1	NONE
d Total (add lines 1b and 1c)	1b Sub-total							$\blacktriangleright$					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  Yes No  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	c Total from continuation sheets to Part VII,	, Section A						▶					
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								<u> </u>					
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			hose	liste	d a	bov	e) who	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? If "Yes," complete Schedule J for such individual	reportable compensation from the organization	tion ►											
employee on line 1a? If "Yes," complete Schedule J for such individual												Yes	No
<ul> <li>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.</li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual</li> </ul>													
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	• •										3		
<ul> <li>individual</li></ul>	4 For any individual listed on line 1a, is the	e sum of rep	oortab	ole d	com	per	sation	ar 	nd other compens	sation from the			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual											4		
											4		
											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 listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tre	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)			((	C)			(D)	(E)	(F)		
Name and title	Average	(-1-			sition			Reportable	Reportable	Estimated		
	hours per week (list any					e than c is both		compensation from	compensation from related	amount of other		
	hours for	office	er an	d a c	direct	tor/trust	tee)	the	organizations	compensation		
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Forme	organization	(W-2/1099-MISC)	from the		
	organizations below dotted	vidu	itutic	cer	emp	nest	ner	(W-2/1099-MISC)		organization and related		
	line)	or tr	mal		oloye	e com				organizations		
		ıstee	trust		ď	pen						
			ee			Highest compensated employee						
59) DR. RICHARD K.N. RYU	2.00					<u> </u>						
TRUSTEE	NONE	X						NONE	NONE	NONE		
(60) MARK J. SCHWARTZ	2.00							110112				
TRUSTEE	NONE	Х						NONE	NONE	NONE		
61) KENNETH P. SLAUGHT	2.00											
TRUSTEE	NONE	Х						NONE	NONE	NONE		
62) PHILLIP L. SPECTOR	2.00											
TRUSTEE	NONE	X						NONE	NONE	NON		
(63) JUDITH C. STAPELMANN	2.00											
TRUSTEE	NONE	X						NONE	NONE	NONI		
64) MICHAEL P. STEWART	2.00											
TRUSTEE	NONE	X						NONE	NONE	NONE		
(65) SUSAN S. TAI	2.00	- V						NONE	NONE	NTONII		
TRUSTEE (66) JAMES S. TAYLOR	2.00	X						NONE	NONE	NONI		
TRUSTEE	NONE	X						NONE	NONE	NONI		
( 67) ANNE SMITH TOWBES	2.00	71						IVOIVE	INOINE	110111		
TRUSTEE	NONE	X						NONE	NONE	NONE		
68) CLAUDIA L. WEBSTER	2.00											
TRUSTEE	NONE	Х						NONE	NONE	NONE		
69) HOWARD J. WENGER	2.00											
TRUSTEE	NONE	Х						NONE	NONE	NONE		
1b Sub-total							$\blacktriangleright$					
c Total from continuation sheets to Part VII, S	-						$\blacktriangleright$					
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organizatio										Vaa Na		
C. Did the constitution for the configuration of th	Para sta							landa a la		Yes No		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the organization and related organizations gr												
individual										4		
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Y</i>										5		
Section B. Independent Contractors												
1 Complete this table for your five highest com	nancated i	ndana	and c	nt.	con	tracto	re t	that received more	than \$100 000 c			

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

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

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

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and F	lig	hest Compensat	ed Employees (c	ontinued		Page <b>8</b>
(A)	(B)			(C	<del></del>			(D)	(E)	(	(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	ss per	more rson irect	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	amo ot	mated ount of ther ensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgar and	n the nization related nization	b
70) PHILIP H. WHITE	2.00											
TRUSTEE	NONE	X						NONE	NONE		]	NONE
71) BRUCE G. WILCOX	2.00											
TRUSTEE	NONE	X						NONE	NONE		I	NONE
( 72) MARIE J. WILLIAMS	2.00											
TRUSTEE	NONE	X						NONE	NONE		]	NONE
( 73) SUSAN L. WORSTER	2.00											
TRUSTEE	NONE	X						NONE	NONE		I	NONE
74) JEFFREY M. WORTHE, JR.	2.00	_										
TRUSTEE	NONE	X						NONE	NONE		]	NONE
75) CHARLES ZEGAR	2.00										_	
TRUSTEE	NONE	X						NONE	NONE			NONE
76) MICHAEL B. CITRON	2.00							17017	17017			
TRUSTEE	NONE	X						NONE	NONE			NONE
(77) RAFAEL COSTAS, JR.	2.00							NONE	NONE		7	NT ( NTT
TRUSTEE (78) DR. ALEXANDER FANG	2.00	X						NONE	NONE		J	NONE
TRUSTEE	NONE	X						NONE	NONE		1	NONE
70) IODI KONCKED	2.00	21						IVOIVE	NONE			IVOIVI
TRUSTEE	NONE	X						NONE	NONE		1	NONE
OO VEIMILITOO VOZATO	2.00							110112	110112			
TRUSTEE	NONE	X						NONE	NONE		1	NONE
1b Sub-total							<b>•</b>					
c Total from continuation sheets to Part VII, S	ection A						•					
d Total (add lines 1b and 1c)							$\blacktriangleright$					
Total number of individuals (including but not reportable compensation from the organization)	limited to t						re	eceived more than	\$100,000 of			
3 Did the organization list any former office	er directo	or or	trı	ıstee	e	kev e	mn	olovee or highes	t compensated	,	Yes	No
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	lividu	ual .						3		
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?	lf	"Yes	,"	complete Schedu		4		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You										5		
Section B. Independent Contractors	cs, comple	.5 501		0	.51	34011	701					
Complete this table for your five highest compensation from the organization. Report of the compensation from the organization.												

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

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

_	orm 990 (2021)  Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	olgr		es,	and F	lig	hest Compensat	ed Employees (c	Page <b>8</b> ontinued)
	(A)	(B)				C)		- <u>J</u>	(D)	(E)	(F)
	Name and title	Average hours per week (list any	,		Pos heck	sition more	e than o is both		Reportable compensation from	Reportable compensation from related	Estimated amount of other
		hours for related organizations below dotted line)	office Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_8	31) JOEL S. RAZNICK	2.00									
	TRUSTEE	NONE	X		<u> </u>				NONE	NONE	NONE
_	32) HUICAN ZHU	2.00	1								
_	TRUSTEE	NONE	X		$\vdash$				NONE	NONE	NONE
_	33) JOHN P. ARNHOLD	5.00	-								
_	/ICE CHAIR, INVESTMENTS & TREA	NONE	X		Х				NONE	NONE	NONE
_	34) RICHARD L. BREAUX	5.00							17017	1 1011	17017
_	PAST CHAIR & NOMINATIONS CHAIR	NONE	X		Х				NONE	NONE	NONE
_	35) MARCY L. CARSEY	2.00 NONE							NONE	NONE	NONE
_	FRUSTEE	2.00	X		$\vdash$				NONE	NONE	NONE
_	36) KAREN BEDROSIAN COYNE	NONE	X						NONE	NONE	NONE
_	37) STEVEN C. MENDELL	5.00	Λ						NONE	NONE	NONE
_	SECRETARY	NONE	X		Х				NONE	NONE	NONE
_	QQ\ MTCUNET T DVDON	2.00	- 21		21				110111	, IVOIVE	IVOIVE
_	PRUSTEE	NONE	X						NONE	NONE	NONE
-	39) YUVAL COHEN	2.00									
-	rrustee	NONE	Х						NONE	NONE	NONE
_	00) PEDRO CRAVEIRO	2.00									
	TRUSTEE	NONE	Х		L				NONE	NONE	NONE
_	91) DIANE E. DOODHA	2.00									
	TRUSTEE	NONE	X						NONE	NONE	NONE
•	lb Sub-total							<b>&gt;</b>			
	c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$			
	d Total (add lines 1b and 1c)							<u> </u>			
2	2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	re	eceived more than	\$100,000 of	
_	reportable compensation from the organization	n <b>▶</b>									1 1
;	B Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										Yes No
4	For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab	ole c 50,0	com 00?	pen	satior "Yes	n aı ,"	nd other compens	sation from the	4
ţ	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	un			5
•	Section B. Independent Contractors										
-	Complete this table for your five highest comcompensation from the organization. Report of year.										

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees (	continue	d)
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average				sition			Reportable	Reportable		imated
	hours per week (list any	,				e than c is both		compensation	compensation from		ount of ther
	hours for	office	er and	dad		tor/trust	ee)	from the	related organizations		ensation
	related	Individual trustee or director	Ins	Officer	Ke)	Highest co employee	For	organization	(W-2/1099-MISC)		m the
	organizations	vid	titut	icer	/ em	hes	Former	(W-2/1099-MISC)	,	1	nization
	below dotted line)	otor t	iona		Key employee	ee t co					related nizations
		rust	<del>_</del>		/ee	mpe				J	
		ee	Institutional trustee			compensated ee					
						ted					
92) TINA HANSEN MCENROE	2.00										
TRUSTEE	NONE	X						NONE	NON	ē.	NONE
93) FELICITY STONE-RICHARDS	2.00										
TRUSTEE	NONE	X						NONE	NON	<b></b>	NONE
94) SUSAN M. WILCOX	2.00									1	
TRUSTEE	NONE	X						NONE	NON	a.	NONE
11001111	IVOIVE							110112	110111	1	110111
	<del> </del>	1									
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	L										
1b Sub-total							$\blacktriangleright$				
c Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$				
d Total (add lines 1b and 1c)							<b>&gt;</b>				
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) who	o re	ceived more than	\$100,000 of		
reportable compensation from the organizatio	n ▶										
											Yes No
3 Did the organization list any former office	er directo	or or	tru	iste	e	kev e	mn	lovee or highes	t compensated		
employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations groups.	sum of rep pater than	ortat	oie c	om ooo	per	isatioi "Voc	n ar	na otner compens	sation from the		
individual									ile J for such	4	х
										7	21
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5	X
Section B. Independent Contractors	es, comple	16 30	ieuu	16 3	101	Sucri	ρει	3011			Ι Λ
	noncated i	ndon	anda	nt		tracto	rc t	hat received more	than \$100 000	of.	
1 Complete this table for your five highest com compensation from the organization. Report of											
year.	ompensan	01110	1110	ca	iciic	Jai ye	ai c	finding with or with	iii tile organizati	JIIS lax	
							1				
(A)	droop							(B)	an door	(C)	otion
Name and business add	11 G22							Description of se	SI VICES	Compensa	auOH
							-				
2 Total number of independent contractors (in	ncluding b	ut no	t lim	ite	d to	thos	se li	isted above) who	received		

NONE

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

JSA
1E1055 2.000
7848KW D89Q V21-7.8F 2999800

23-7314834

#### Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	'III		
				(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 1b					
ڡۜٙڲ	С	Fundraising events 1c					
fts	d	Related organizations 1d					
ອ຺≅	e	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
er ti	-	and similar amounts not included above . 1f	32,126,877.				
혈美	g	Noncash contributions included in					
d it	9		\$ 8,001,957.				
နှင့်	h	Total. Add lines 1a-1f		32,126,877.			
			Business Code				
မွ	2a						
Program Service Revenue	b						
S Ž		·					
am e ye	C d	·					
200	-						
F.	e	All other program contine revenue					
	f g	All other program service revenue	<b>•</b>	NONE			
	3	Investment income (including dividends,		-			
	•	other similar amounts)		1,644,511.			1,644,511.
	4	Income from investment of tax-exempt bond	i i	NONE			
	5	Royalties	·	292.			292.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NON	E NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
	, a	sales of assets	(, 55				
		other than inventory <b>7a</b> 22,218,768					
ø)	b	Less: cost or other basis					
evenue		and sales expenses <b>7b</b> 22,206,773					
š		Gain or (loss) 7c 11,995					
2	c d	Net gain or (loss)	'	11,995.			11,995.
Other		, ,		11/3331			11,755.
ŏ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line  1c). See Part IV. line 18 8a	NONE				
	_	,	NONE				
	b	Less: direct expenses 8b  Net income or (loss) from fundraising events		NONE			
			1				
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	L	Less: direct expenses 9b	NONE				
	b	Net income or (loss) from gaming activities		NONE			
	100	, , ,		1,01,1			
	10a	Gross sales of inventory, less returns and allowances10a	NONE				
	L-						
	b	Less: cost of goods sold  Net income or (loss) from sales of inventory		NONE			
···			Business Code	1,0111			
out •	112						
nue	11a						
Miscellaneous Revenue	b						
isc Re	c d	All other revenue					
Σ		Total. Add lines 11a-11d		NONE			
	12	Total revenue. See instructions		33,783,675.			1,656,798.

## Part IX Statement of Functional Expenses

						organizations		

Do	Check if Schedule O contains a resp not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	26,563,184.	26,563,184.		
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			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	NONE			
_	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NONE			
_	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	NONE			
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)	NONE			
	Other employee benefits	NONE			
	Payroll taxes	NONE			
	Fees for services (nonemployees):	NONE			
	Management	NONE			
	Legal	NONE		22 225	
	Accounting	22,925.		22,925.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE		122 200	
	Investment management fees	132,390.		132,390.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	MONTE			
40	(A), amount, list line 11g expenses on Schedule O.)	NONE			
	Advertising and promotion	NONE		26 624	
	Office expenses	26,624.		26,624.	
	Information technology	NONE		20,203.	
	Royalties	NONE			
	Occupancy	NONE			
	Travel	NONE			
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
10	Conferences, conventions, and meetings	130,000.		130,000.	
		NONE		130,000.	
	Payments to affiliates	NONE			
	Depreciation, depletion, and amortization	NONE			
	Insurance	NONE			
	Other expenses. Itemize expenses not covered	110112			
	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.)				
а	DEVELOPMENT OFFICE	370,704.			370,704
	ANNUAL FUND	8,055.			8,055
c		2,725.		2,725.	2,230
d		,		,	
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	27,276,810.	26,563,184.	334,867.	378,759
	Joint costs. Complete this line only if the	,,.=3.	.,,====	,	2.0,.02
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

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## Part X Balance Sheet

			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	93,711.	1	22,785.
	2	Savings and temporary cash investments	1,532,984.	2	1,219,936.
	3	Pledges and grants receivable, net	8,257,014.	3	11,326,209.
	4	Accounts receivable, net	802,102.	4	164,975.
	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		5	NONE
	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)		6	NONE
Ś	7	Notes and loans receivable, net			NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges			NONE
	_	Land, buildings, and equipment: cost or other	110112		110111
	104	basis. Complete Part VI of Schedule D 10a NON	TIP		
	h	Less: accumulated depreciation		100	NONE
	11	Investments - publicly traded securities		11	366,570,363.
	12				35,752,142.
		Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11.			NONE
	14	Intangible assets			NONE
	15	Other assets. See Part IV, line 11		15	4.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	415,056,414.
	17	Accounts payable and accrued expenses		17	466,981.
	18	Grants payable		18	NONE
	19	Deferred revenue	l l	19	11,710,600.
	20	Tax-exempt bond liabilities		20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	NONE	22	NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	17,022,451.	25	15,958,071.
	26	Total liabilities. Add lines 17 through 25	29,419,380.	26	28,135,652.
ces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	
Ва	28	Net assets with donor restrictions		28	
<b>Assets or Fund Balances</b>		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	NONE	20	NONE
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			NONE
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ř.	32	Total net assets or fund balances		32	386,920,762.
Net	33	Total liabilities and net assets/fund balances			386,920,762.
_	JJ	Total napinties and het assets/fully palatices	437,897,761.	33	415,056,414. Form <b>990</b> (2021)

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Part	XI Reconciliation of Net Assets					$\overline{}$
	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	3	3,7	83,	<u>675</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	7,2	76,	<u>810</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>6,5</u>	06,	<u>865</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40	8,4	78,	<u> 381</u>
5	Net unrealized gains (losses) on investments	5	-2	8,0	64,	<u>484</u>
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, line					
	32, column (B))	10	38	<u>6,9</u>	20,	<u> 762</u>
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," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	he			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such as			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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

23-7314834 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990) 2021

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.)

360	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,028,088.	39,420,333.	40,138,919.	36,136,221.	32,126,877.	171,850,438.
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	24,028,088.	39,420,333.	40,138,919.	36,136,221.	32,126,877.	171,850,438.
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)						24,798,537.
6	Public support. Subtract line 5 from line 4						147,051,901.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,028,088. 1,410,695.	39,420,333. 1,407,097.	40,138,919. 1,683,550.	36,136,221. 2,446,144.	32,126,877. 1,644,804.	171,850,438. 8,592,290.
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	253,395.	118,083.	35,325.	127,410.	NONE	534,213.
11	Total support. Add lines 7 through 10						180,976,941.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li		-			14	81.25 %
15	Public support percentage from 2020					15	72.46 %
16a	331/3% support test - 2021. If the org						
	box and <b>stop here.</b> The organization q	•		•			
D	331/3% support test - 2020. If the organization	=					
170	this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
114	10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets						•
	organization			•	•		
18	<b>Private foundation.</b> If the organization						
	instructions						

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A Dublic Company			· · ·	<u> </u>	,	
	tion A. Public Support	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(6) 2021	(i) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	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						
	Amounts included on lines 1, 2, and 3						
. a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	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 in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	J	,		,		` ` ` ' _
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Scher					16	%
Sec	tion D. Computation of Investment					T T	
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the org	-					
	17 is not more than 331/3 %, check this		-				
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check	this box and ${\bf s}$	top here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔼
20	Private foundation. If the organization of	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions -

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
   Did the organization have any supported organization that does not have an IRS determination of status
- 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).
- 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
g by	_		
	1		
ıs ed	2		
er	3a		
id ne			
	3b		
3)	3с		
If	4a		
ın on	4b		
n ed 3)			
	4c		
s," N n; on			
	5a		
ly	5b		
	5c		
o d or	30		
	6		
or :y	7		
е	8		
е			
e is	9a		
h	9b		
fit	9c		
n d			
to	10a 10b		

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Part	V Supporting Organizations (continued)			
			Yes	No
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?	11a		
	A family member of a person described on line 11a above?	11b		
С	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 <b>Part VI.</b>	44-		
Socti	provide detail in Part vi. on B. Type I Supporting Organizations	11c		
Jecti	on b. Type roupporting organizations		Yes	No
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 <b>Part VI</b> 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			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
Saati	11 0 0	2		
Secti	on C. Type II Supporting Organizations		Yes	No
			162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 in	tructi	ons).	
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	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	_2a		
b	Did the activities described 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? If			
	"Yes," explain in <b>Part VI</b> 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		
2		20		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain	in in <b>Part VI</b> ). <b>See</b>	
	instructions. All other Type III non-functionally integrated supporting organi	izations r	nust complete Sectio	ns A through E.	
Se	ection 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			
	ection 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			
	Fair market value of other non-exempt-use assets				
C	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
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			
	Multiply line 5 by 0.035.	6			
7		7			
8		8			
Se	ection 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			
7		lly integra	ited Type III supporting	g organization	
	(see instructions).	-		· <del>-</del>	

Schedule A (Form 990) 2021

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

Schedule A (Form 990) 2021 Page **7** 

Sect	ion 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	mpt 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	provide 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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				

Schedule A (Form 990) 2021

Part V

greater than zero, *explain in Part VI*. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

Excess from 2017...

Excess from 2018...

Excess from 2019...

Excess from 2020...

Excess from 2021...

and 4c.

Schedule A (Form 990 or 990-EZ) 2021

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 INC	COME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME	39.	77,332.	2,688.	•	NONE	207,469.
INC./DIST. FROM RELATED ENTITY	253,356.	40,751.	32,637.	NONE	NONE	326,744.
TOTALS	253,395.	118,083.	35,325.	127,410.	NONE	534,213.
				=========		

## Schedule B (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

2021

**Employer identification number** 

UC SANTA BARBARA FOUNDATION 23-7314834 Organization type (check one): Filers of: Section: |X|Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

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

Name of organization

UC SANTA BARBARA FOUNDATION

Employer identification number 23-7314834

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	N/A	\$869,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	N/A	\$1,001,488.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	N/A	\$1,100,000.	Person 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	\$2,032,836.	Person Payroll Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	N/A	\$1,210,000.	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	
6	N/A	\$2,381,347.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)	

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Name of organization

UC SANTA BARBARA FOUNDATION

Employer identification number 23-7314834

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES	\$1,001,488	12/29/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	SECURITIES	\$	04/01/2022
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6_	SECURITIES	\$2,831,347.	06/29/2022
(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
		\$	

Name of organization Employer identification number UC SANTA BARBARA FOUNDATION 23-7314834 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	SANTA BARBARA FOUNDATION	23-7314834
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	accounts.
	Complete 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 end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Da	Int   Conservation Easements.	103
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a historically important land area a certified historic structure
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a <u> </u>
b		2b
С	(*,****	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
	<b>&gt;</b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con-	servation easements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state of this could be a state of the state of t	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resea provide the following amounts relating to these items:	irch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> ¢
	(ii) Assets included in Form 990, Part X	<b>&gt;</b> \$
_		
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for financial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	•
a h	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Fulli 330, Fall Assets to the first transfer and the first transfer and	

Pa	rt III Organizations Maintaini	ng Collections of		Treasure	s, or Other		continued)
3							
	collection items (check all that apply):						
а	Public exhibition d Loan or exchange program						
b	Scholarly research		e Oth		g pg		
С	Preservation for future gener	ations					
4	Provide a description of the organ		and explain ho	w thev fu	rther the or	ganization's exemp	ot purpose in Part
-	XIII.		and explain no			gaa	papood a
5	During the year, did the organizatio	n solicit or receive o	donations of art.	nistorical ti	reasures or	other similar	
Ū	assets to be sold to raise funds rath						Yes No
Pa	rt IV Escrow and Custodial A		aniou do part or ti	no organiz			100 110
ıa	Complete if the organiza		s" on Form 990	) Part IV	line 9 or r	eported an amou	int on Form
	990, Part X, line 21.	don anowered Te	,5 0111 01111 001	o, i ditiv	, 11110 0, 01 1	oportou air airiot	int on rollin
	Is the organization an agent, trust	ee custodian or o	ther intermediar	v for cont	ributions or	other assets not	
ıa							Yes No
h	included on Form 990, Part X?  If "Yes," explain the arrangement in	Dort VIII and com	aloto the following	toblo:			res No
D	ii res, explain the arrangement ii	i Fait Aili ailu coili	piete the following	lable.		A m a un	4
_	Designing holones				4	Amoun	ι
C	Beginning balance				1c		
	Additions during the year				1d		
_	Distributions during the year				1e		
f	Ending balance				1f		V N.
	Did the organization include an am						Yes No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explana	tion has be	en provided	on Part XIII	
Pai	Endowment Funds.	tion onourond "Va	o" on Form 00	0 Dort I\/	lina 10		
	Complete if the organiza						T
	-	(a) Current year	(b) Prior year		o years back	(d) Three years back	(e) Four years back
1 a	Beginning of year balance	377,817,408.	278,285,263		550,485.	214,006,163.	193,293,388.
b	Contributions	13,558,064.	19,153,707	. 24,	155,466.	27,904,929.	11,721,055.
С	Net investment earnings, gains,						
	and losses	-28,258,055.	89,346,082	. 11,	553,378.	16,961,788.	16,662,388.
d	Grants or scholarships	1,929,331.	1,716,090	. 1,	569,576.	1,734,058.	1,511,173.
е	Other expenditures for facilities						
	and programs	8,015,714.	6,408,365	. 6,	464,273.	4,575,507.	5,606,081.
f	Administrative expenses	796,387.	843,189		940,217.	1,012,830.	553,414.
g	End of year balance	352,375,985.	377,817,408	. 278,	285,263.	251,550,485.	214,006,163.
2	Provide the estimated percentage	of the current year	end balance (line	1g, columi	n (a)) held as	:	
а	Board designated or quasi-endowm				. ,,		
b	Permanent endowment ▶ 56.00	000_%					
С	Term endowment ▶ 22.0000	%					
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	100%.				
3a	Are there endowment funds not in t	the possession of th	ne organization tl	nat are he	ld and admir	nistered for the	
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	d as required on	Schedule F	₹?		3b X
4	Describe in Part XIII the intended u	ses of the organiza	tion's endowmen	t funds.			
Pa	# VI Land, Buildings, and Equ	ipment.					
	Complete if the organiza						
	Description of property	(a) Cost or (invest		ost or other b (other)		cumulated ( reciation	d) Book value
1a	Land	,	·				
b	Buildings						
С	Leasehold improvements.						
d	Equipment						
	Other						
	I. Add lines 1a through 1e. (Column		n 990, Part X. col	umn (B), li	ne 10c.)_		

Schedule D (Form 990) 2021

Schedule D (F	Form 990) 2021 UC SANTA BARBAI	RA FOUNDATION	23-7314834	Page <b>3</b>
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) Financia	al derivatives			
	held equity interests			
(3) Other				
• • —	GE FUNDS	81,773.	FMV	
	VATE EQUITY	3,926,099.	FMV	
	REGENTS STIP	27,625,939.	FMV	
	RIT RMDR TRUST INVST HELD	4,118,331.	FMV	
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	35,752,142.		
Part VIII	Investments - Program Related.			
		"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)				
	n (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) Des	scription	(b) Book v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered		, Part IV, line 11e or 11f. See Form 990, Part	X,
	line 25.			
1.	(a) Descript	ion of liability	(b) Book v	alue
(1) Feder	ral income taxes			
(2)CHARIT	TABLE REMAINDER TRUST		4,118	,330.
(3)ANNUI	TY TRUST LIABILITY		11,839	,741.
(4)				_
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		▶ 15,958	,071.
	. , , , , , , , , , , , , , , , , , , ,			

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 .

JSA 1E1270 1.000

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	5,586,801.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
C	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	-28,064,484.
3	Subtract line 2e from line 1	3	33,651,285.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 132,390.		
b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	132,390.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	33,783,675.
Part			, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		T
1	Total expenses and losses per audited financial statements	1	27,144,420.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	05 144 400
3	Subtract line 2e from line 1	3	27,144,420.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4.	122 200
С 5	Add lines <b>4a</b> and <b>4b</b>	4c 5	132,390. 27,276,810.
	XIII Supplemental Information.		27,270,010.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V	, line 4; Part X, line i.
SEE	SUPPLEMENTAL PAGE		

### Part XIII Supplemental Information (continued)

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**

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
UC SANTA BARBARA FOUNDATION	23-7314834						
Part I General Information on Grants a	and Assistance	е					
<ul><li>Does the organization maintain records to the selection criteria used to award the gra</li><li>Describe in Part IV the organization's production.</li></ul>	ants or assistanc	e?					X Yes No
Part IV, line 21, for any recipient		-					es" on Form 990,
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA, SANTA BARBARA							SCHOLARSHIPS & UNIV
3201 SAASB SANTA BARBARA, CA 93106-2040	95-6006145	501(C)(3)	26,563,184.		N/A	N/A	PROGRAM SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) an	-	_					1

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>(b)</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 required in Part I, line 2, Part III, column (b); and any other additional information.

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.

## **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UC SANTA BARBARA FOUNDATION 23-7314834 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	0-		37
a	The organization?	6a		X
b	Any related organization?	6b		X
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		- 23
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

## 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)	394,704.	NONE	NONE	24,453.	NONE	419,157.	NONE	
DR. HENRY T. YANG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
2 TRUSTEE	(ii)	436,991.	NONE	NONE	35,183.	43,861.	516,035.	NONE	
CHRISTIAN TREITLER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
3 CFO	(ii)	180,846.	NONE	NONE	17,371.	14,739.	212,956.	NONE	
SUSANNAH SCOTT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
4 TRUSTEE	(ii)	448,898.	NONE	NONE	24,979.	23,037.	496,914.	NONE	
CRISTINA MARCHETTI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
5 TRUSTEE	(ii)	260,221.	NONE	NONE	10,806.	10,858.	281,885.	NONE	
SAMANTHA PUTNAM	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
6 TRUSTEE	(ii)	136,153.	NONE	NONE	11,656.	16,530.	164,339.	NONE	
RENE WEBER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
7 TRUSTEE	(ii)	298,431.	NONE	NONE	21,114.	8,284.	327,829.	NONE	
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
	(ii)								
	(i)								
15	(ii)								
	(i)								
	(ii)								

## 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 FY22, 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 2021.

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** 

► 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	SANTA BARBARA FOUNDATION				23-731483	4	
Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1		(d) of determini ntribution an	
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	Х	56	7,633,191.	. HIGH LOW	AVG ON	GIFT
10	Securities - Closely held stock			, ,			
11	Securities - Partnership, LLC,						
	or trust interests	X	1	368,766.	. PROVIDED	BY BRO	KER
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							
26	Other ►() Other ►()						
27	Other ►()						
28							
29		by the ora	anization during the tax v	oar for contributions fo	r		
29	Number of Forms 8283 received	, ,	,				
	which the organization completed F	-01111 0203,	Part v, Donee Acknowledge	ement	. [23]	Yes	s No
302	During the year, did the organizat	ion rocoivo	by contribution any propo	rty reported in Part I li	nos 1 through		3 110
Jua	28, that it must hold for at least the		• • • •	•	•		
	to be used for exempt purposes for	-					Х
h	If "Yes," describe the arrangement i		olding period:			Ou	21
31	Does the organization have a		tance policy that require	ne the review of any	nonetandard		
31	=			-			,
22-	contributions?  Does the organization hire or use						7
υ∠ä	_	-		· ·			X
<b>L</b>	contributions?					32a	Λ
	If "Yes," describe in Part II.  If the organization didn't report an	amount in a	column (a) for a type of are	norty for which column	(a) is chacked		
33	describe in Part II.	annount iii (	oddinii (c) for a type of pro	perty for willon column	(a) is checked,		

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

Schedule M (Form 990) 2021

Part II Supp

**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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

23-7314834

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 ANUALLY, 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

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.

Name of the organization

UC SANTA BARBARA FOUNDATION

Employer identification number

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) 2021		Page Z
Name of the organization		Employer identification number
UC SANTA BARBARA FOUNDATION		23-7314834
FORM 990, PART X - OTHER FUNDS		
	BEGINNING	ENDING
DEGGDIDETON		-
DESCRIPTION	BOOK VALUE	BOOK VALUE
UNRESTRICTED	1,162,532.	1,287,856.
RESTRICTED - EXPENDABLE	219,575,498.	189,648,693.
RESTRICTED - NONEXPENDABLE	187,740,351.	195,984,213.
TOTALS		

408,478,381.

386,920,762. =========

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047
2021
Open to Public Inspection

UC SANTA BARBARA FOUNDATION

Employer identification number 23-7314834

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</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)					
Part II  Identification of Related Tax-Exempt Organizations. Complete if one or more related tax-exempt organizations during the tax year.	the organization and	swered "Yes" on Fo	orm 990, Part I\	/, line 34, becaus	e it had

(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	Section 5 conti	g) 512(b)(13) rolled ity?
						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.

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign	(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	Disprop		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	aging	(k) Percentage ownership
		Country)					Yes	No		Yes	No	
	]											
	_											
	Name, address, and EIN of	Name, address, and EIN of Primary activity	Name, address, and EIN of Primary activity Legal domicile (state or	Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign	loreign   tax under	loreign tax under	loreign tax under	country) tax under sections 512 - 514)	country) sections 512 - 514)	country) sections 512 - 514)	country) sections 512 - 514)	country) sections 512 - 514) (Form 1065)

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	controll entity
(1) CHARITABLE REMAINDER UNITRUST (5)								Yes N
	FUNDRAISING	CA	N/A	TRUST				Х
(2) CHARITABLE REMAINDER ANNUITY TRUST								
	FUNDRAISING	CA	N/A	TRUST				Х
(3)								
(4)								
(5)								
(6)								
(7)								

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Par	V Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt 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)				<b>1b</b> X	
С	Gift, grant, or capital contribution from related organization(s)				1c	X
	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	X
g	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s)				1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X
						١
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n X	-
0	Sharing of paid employees with related organization(s)				10 X	
	Delahaman and add to related and delahaman and all and a second				1p X	
p	Reimbursement paid to related organization(s) for expenses				1g A	+
q	Reimbursement paid by related organization(s) for expenses				14	1
	Other transfer of cash or property to related organization(s)				1r	X
S	Other transfer of cash or property from related organization(s).				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and transa	action thres		
	(a) Name of related organization	(b) Transaction	(c) Amount involved		(d) of determin	ina
	Name of related organization	type (a-s)	Amount involved		nt involved	
(1)						
(2)						
(2)						
(3)						
(4)						

(5)

# 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.

	coctions 512 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
	Sections 512 - 514)	organizations? Yes No	Yes			No	(. 5 1555)	Yes	No		
1											

# Part VII Supp

### **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 UNIVERSTIY OF CALIFORNIA.