Form 990 to be e-filed by Puc

UC SANTA BARBARA FOUNDATION INSTRUCTIONS FOR FILING FORM 8453-E0

IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED JUNE 30, 2021

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8453-EO TO:

PRICEWATERHOUSE COOPERS LLP
2001 MARKET STREET, SUITE 1800
PHILADELPHIA PA 19103

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE MAY 16, 2022. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing For calendar year 2020, or tax year beginning 07/01, 2020, and ending 06/30, 20 21 For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

2020

OMB No. 1545-0047

Internal Revenue	Service		ov/Form8453EO for the	latest info	rmatio				
•	organization or pers					1		yer identificat	
		A FOUNDATION					23	-731483	34
		n and Return Information (
check the bo blank, then le	x on line 1a, 2 eave line 1b, 2b	of return being filed with For a, 3a, 4a, 5a, 6a, or 7a belo b, 3b, 4b, 5b, 6b, or 7b, whic ole line below. Do not complet	w, and the amount o hever is applicable, b	n that lin lank (do i	e of t	he return	bein	g filed with	this form was
2a Form 999 3a Form 112 4a Form 999 5a Form 88 6a Form 999	0 check here ▶ 0-EZ check here 20-POL check here 68 check here 0-T check here	b Total revenue, nere b Total tax (Forr b Tax based on b Balance due (I b Total tax (Forr	, if any (Form 990, Pa , if any (Form 990-EZ, m 1120-POL, line 22) investment income (Form 8868, line 3c). m 990-T, Part III, line 4	line 9) Form 990 l)	 -PF, F	Part VI, line	 5) . 	2b 3b 4b 5b 6b	
7a Form 47	20 check here	b lotal tax (For	m 4720, Part III, line 1)	• • •		* *	/D	
Part II D	eclaration of	Officer or Person Subject	to Tax						
without taxes U.S. author neces If a context execution of the context e	drawal (direct desowed on this Treasury Financorize the financi ssary to answer in copy of this retuited the electro	Treasury and its designated Febit) entry to the financial institute return, and the financial instituted in the financial institution at 1-888-353-4537 al institutions involved in the proquiries and resolve issues related urn is being filed with a state again disclosure consent contained identified in Part I above) to the second in the first state of th	ution account indicated tion to debit the entry no later than 2 busin processing of the elect to the payment. gency(ies) regulating ched within this return a	in the ta to this ad ness days tronic payl parities as allowing d	x prepocount prior ment part o	paration sof To revoke to the pa of taxes to	ftware e a p ayme o rec	e for payme payment, I r nt (settleme eive confident tate progran	nt of the federal must contact the ent) date. I also ential information m, I certify that I
Under penalties	s of perjury, I decl	are that I am an officer of t	he above named organiz	ation or	la	am the perso	on su	bject to tax w	vith
	ne of organization)						, (EIN		40
knowledge and of the electron to the IRS and	d belief, they are nic return. I cons d to receive fror	copy of the 2020 electronic true, correct, and complete. I sent to allow my intermediate sm the IRS (a) an acknowledgen refund, and (c) the date of any ref	further declare that the ervice provider, transmi nent of receipt or reas	e amount i itter, or ele con for reje	n Part ectroni	: I above is c return or	the	amount sho tor (ERO) to	own on the copy send the return
Here 🕨 🥫	Signature of office	er or person subject to tax	Date	- 🌗	Title	, if applicabl	e		
		Electronic Return Originato	(5.235)	reparer					
If I am only a The organizatio information to e-File (MeF) In declare that I	collector, I am on officer or per be filed with the formation for A have examined	the above return and that the not responsible for reviewing the reson subject to tax will have see IRS to the officer or person suthorized IRS e-file Providers for the above return and accompanies. This Paid Preparer declaration	e return and only decla signed this form before subject to tax, and hav or Business Returns. If anying schedules and	are that the I submite followed I am also statements	is form the all of the a, and	m accuratel return: I w ther require Paid Prepa , to the be	y refill givernent ementarer, est o	lects the da we a copy is in Pub. 4 under pena f my knowl	ta on the return, of all forms and 163, Modernized Ities of perjury I
ERO's ERO	n's	EiceM	Date	Check if also paid		Check if self-	[ERO's SSN or	PTIN
LISO sign	nature 🖊		02/28/2022	preparer	X	employed [P009778	
Firm	n's name (or rs if self-employed),	PRICEWATERHOUSE CO					EIN	13-4008	
add Under penalties	ress, and ZIP code of perjury, I declar are true, correct,	are that I have examined the above and complete. Declaration of prep	e return and accompany	ing schedu	les an	d statement	s, and	to the best	330-3000 t of my knowledge lge.
Paid	Print/Type prep	arer's name	Preparer's signature	D	ate		Chec	k if	PTIN
Preparer							self-	employed	
Use Only	Firm's name						Firm	's EIN 🕨	
	Firm's address						Phor	ne no.	
For Privacy Ac	t and Paperwork	Reduction Act Notice, see back of	of form.					Form 8	3453-EO (2020)

JSA

7848KW D89Q

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► 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

A 1	or th	2020	calendar year, or tax year beginning	07./	01,2020,	and on	dina		0.6	5/30, 20 21	
^ '	OI LI	IE 2020		0.17	OI, 2020,	and en	uing	D Employer ide			
В	heck if	applicable:	C Name of organization	33 E T 631				' '			
-			UC SANTA BARBARA FOUNI	DATION				23-731	483	4	
	Addi		Doing business as								
	Nam	e change	Number and street (or P.O. box if mail is a	not delivered to street address	5)	Room/si	uite	E Telephone nu	ımber		
	Initia	ıl return	UNIVERSITY OF CALIFORM	AIV				(805) 89	3 - 5	5274	
		l return/	City or town, state or province, country, a	ind ZIP or foreign postal code							
		inated nded	SANTA BARBARA, CA 9310	16-1130				G Gross receipt	e \$	54,339	437
-	retur Appl	n ication	F Name and address of principal officer:	CHRISTIAN TRE	דייד ביס			H(a) is this a gro			$\overline{}$
	pend	ling	1 ' '			100 0	011	subordinate	s?	H	\vdash
-	_		4219A CHEADLE HALL, UC	ar sar rann-rannar a	TOO SECURE IN		011	H(b) Are all subor			∐_ No
_		xempt st	001(0)(0)) (insert no.)	4947(a)(1)	or	527	If "No," a	ittach a	list. See instruction	ŝ
J	Webs	ite: 🕨	WWW.IA.UCSB.EDU/UCSB-FO	UNDATION				H(c) Group exen	ption n	number -	
K	Form	of organ	nization: X Corporation Trust	Association Other		LY	ear of format	tion: 1973 M	State	of legal domicile:	CA
P	art l	Su	ummary			-				****	
	1	Briefly	y describe the organization's mission or	most significant activities	· THE U	C SAN'	ra barb	ARA FOUND	ATI	ON IS A N	ION
O	-		OFIT, PUBLIC-BENEFIT COR								
E C			INISTER PRIVATE GIFTS AN					•			
Ë	,	-						-5:4			
Governance	2			scontinued its operations					15		0.4
Ö	3		per of voting members of the governing						3		94.
SS	4		per of independent voting members of the						4		86.
Activities &	5	Total	number of individuals employed in cale	ndar year 2020 (Part V, Iir	ne 2a)				5		0.
흕	6	Total	number of volunteers (estimate if necess	sary)					6		94.
Ă	7a		unrelated business revenue from Part VI						7a		0.
			nrelated business taxable income from F						7b		0.
-	_			om ood iji acij mo i i				Prior Year		Current \	/ear
	,	Contri	ibutions and grants (Bort VIII line 1b)				-	40,138,91	a	36,136	
e	8		ibutions and grants (Part VIII, line 1h)					40,130,91	_	30,130	
Revenue	9		am service revenue (Part VIII, line 2g)					1 000 00	0.	- 10.5	0.
Re	10		tment income (Part VIII, column (A), line					1,377,08		2,406	
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e).			• •	35,59			,730.
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line 12) .	Sec. 2	(200)	41,551,59	8.	38,670	
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)	We	2502 8 3	(2014)	21,899,08	86.	21,936	,911.
	14		fits paid to or for members (Part IX, colur						0.		0.
cn.	15		ies, other compensation, employee bene						0.		0.
Se	ı		ssional fundraising fees (Part IX, column						0.		0.
Expenses			fundraising expenses (Part IX, column (E				• •		· ·		
Ж	ı							1,149,93	7	606	402
	17		expenses (Part IX, column (A), lines 11a						_		483.
	18		expenses. Add lines 13-17 (must equal				• • •	23,049,02	$\overline{}$	22,543	
- 40	19	Rever	nue less expenses. Subtract line 18 from	line 12	100 0 0 40 40	*** * *		18,502,57	/5 ·	16,126	, /34.
s or			•					ning of Current		End of Ye	ar
Net Assets Fund Balanc	20	Total a	assets (Part X, line 16)				. 3	31,907,32	0.	437,897	,761.
ABB	21		liabilities (Part X, line 26)				78 (20)	28,604,62	24.	29,419	,380.
S S	22		ssets or fund balances. Subtract line 21			1535 5 5 1616 7 7 5	3	303,302,69	6.	408,478	.381.
	rt II		gnature Block								
			of perjury, I declare that I have examined this	s return including accompa	nvina schedi	iles and	tatoments s	and to the hest o	f my	knowledge and h	oliof it is
true	corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of whi	ch prepa	er has any ki	nowledge.	,	Kilowicogo una L	Cilci, it io
		X 2.	16 1 16 T. 12					21	21	2022	
Sig	n II	D =	Signature of officer	ν					010	2022	
Hei		13						Date			
1101	١	_	CHRISTIAN TREITLER		CFO						
		T	Type or print name and title								
		Print/	Type preparer's name	Preparer's signature		Date		Check	if F	PTIN	
Paid		ERIC	CA R MCREYNOLDS	Excelle-		(02/28/2022	_	- 1	P009778	06
	parer		name PRICEWATERHOUSE CO	OOPERS LLP		-	1	Firm's EIN			
Use	Only				10102					330-3000	
Mar	tho		s address 2001 MARKET STREET, SUITE					Phone no. 2	. 0 /		440
			iscuss this return with the preparer		structions)				• • • • • • • • • • • • • • • • • • • •	. X Yes	No
ror	rape	rwork	Reduction Act Notice, see the separate	e instructions.						Form 99	0 (2020)

Part III	Statement of Program Service Accomplishments	Pa
	Check if Schedule O contains a response or note to any line in this Part III	
Briefly	describe the organization's mission:	
	ACHMENT 1	
prior F	e organization undertake any significant program services during the year which were not listed on the prim 990 or 990-EZ?	Yes X
Did th	describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any program []	Yes X
If "Yes,	describe these changes on Schedule O	
Descril	pe the organization's program service accomplishments for each of its three largest program services	, as measure
	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to otl
the tota	al expenses, and revenue, if any, for each program service reported.	
(Code:) (Expenses \$15,595,461. including grants of \$15,595,461.) (Revenue \$)
	RSITY PROGRAMS/OTHER DISBURSEMENTS. FUNDS ARE PROVIDED TO	
	NIVERSITY OF CALIFORNIA, SANTA BARBARA WHICH ASSUMES	
	IARY RESPONSIBILITY FOR ACTUAL DISBURSEMENT FOR DEPARTMENT	
SUPPC	RT, INSTRUCTORS, RESEARCH AND SPECIAL PROJECTS.	
-		
(Code:) (Expenses \$ 3,356,883. including grants of \$ 3,356,883.) (Revenue \$	v
•	ARSHIPS AND AWARDS MONIES WERE TRANSFERRED FROM THE UC SANTA	
	RA FOUNDATION TO THE UNIVERSITY OF CALIFORNIA, SANTA BARBARA	
	PPORT OF SCHOLARSHIPS AND AWARDS. THE UNIVERSITY OF	
	ORNIA, SANTA BARBARA ASSUMES FIDUCIARY RESPONSIBILITY FOR	
AWARL	ING AND ADMINISTERING THE FUNDS.	
(Code:) (Expenses \$ 2,984,567. including grants of \$ 2,984,567.) (Revenue \$	
•	OUNDATION RAISES, RECORDS AND MANAGES GIFTS FROM INDIVIDUALS,	
	RATIONS, ORGANIZATIONS AND FOUNDATIONS FOR THE SOLE BENEFIT	
CORPO	SANTA BARBARA IN ACCORDANCE WITH DONORS' WISHES. THE	
OF UC	APTON DAVE A DEDCENTRACE OF ANADDE DECETUED DEFEDDED HO AC	
OF UC FOUND	ATION PAYS A PERCENTAGE OF AWARDS RECEIVED, REFERRED TO AS	
OF UC FOUND GIFT	FEES, AND A PERCENTAGE OF ENDOWMENT EARNINGS, KNOWN AS	
OF UC FOUND GIFT ENDOW	FEES, AND A PERCENTAGE OF ENDOWMENT EARNINGS, KNOWN AS MENT FEES, TO UC SANTA BARBARA TO REIMBURSE FOR PERSONNEL	
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OF UC FOUND GIFT ENDOW	FEES, AND A PERCENTAGE OF ENDOWMENT EARNINGS, KNOWN AS MENT FEES, TO UC SANTA BARBARA TO REIMBURSE FOR PERSONNEL	
DF UC FOUND GIFT ENDOW SERVI	FEES, AND A PERCENTAGE OF ENDOWMENT EARNINGS, KNOWN AS MENT FEES, TO UC SANTA BARBARA TO REIMBURSE FOR PERSONNEL	

			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			3.7
-	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)	١		Х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		Х
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	Λ
0	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,	0		21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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	7.7	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
h	Schedule D, Parts XI and XII	124	21	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
• • •	Port IV column (A) lines 6 and 11c2 If IVos II consolate Cabadyla C. Dart I Car instructions	17		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
18 19	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			Х
18 19 20 a	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19 20a		
18 19 20 a b	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
18 19 20 a	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19 20a 20b	v	Х
18 19 20 a b	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19 20a 20b	x 990	X

Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230	=	
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21				
	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			X
20	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see 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			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		2020	\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 0E1030	1,000	Form	990	(2020)
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	N: 12 =		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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	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		X
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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	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 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	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.			
		Form	990	(2020)

No

Χ

X

X

X

X

X

Yes

2

4

5

6

7a

7b

8a

10a

10b

12a

12b

13

15a

15b

16a

X

Χ

Yes No Χ

Χ 11a

X

Χ 12c

Χ

X 14

UC SANTA BARBARA FOUNDATION Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, $8\bar{b}$, 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 Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent.... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?. . . . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Did the organization become aware during the year of a significant diversion of the organization's assets?.... Did the organization have members, stockholders, or other persons who had the power to elect or appoint b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?..... b Each committee with authority to act on behalf of the governing body?........ 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. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 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? . . . 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 13 Did the organization have a written whistleblower policy?.... 14 Did the organization have a written document retention and destruction policy?...... 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?

organization's exempt status with respect to such arrangements?...... Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed \triangleright CA,

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

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

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records MELODIE LEE UCSB FDN 1115 PHELPS HALL UC SANTA BARBARA, CA 93106-1130 805-893-5274

Form 990 (2020)

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than the is or /true employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
V					H					
(1) DR. HENRY T. YANG	2.00									
TRUSTEE	38.00	Х						0.	439,991.	61,520.
(2) SUSANNAH SCOTT	2.00									
TRUSTEE	38.00	Х						0.	408,014.	46,172.
(3) DR. DAVID MARSHALL	2.00									
TRUSTEE	38.00	Х						0.	389,762.	22,842.
(4) GEORGE L. THURLOW, III	2.00									
TRUSTEE	38.00	Х						0.	224,279.	34,566.
(5) DOUG G. STEIGERWALD	2.00									
TRUSTEE	38.00	Х						0.	210,665.	31,901.
(6) CHRISTIAN TREITLER	8.00									
CFO	32.00	Х		Х				0.	172,751.	16,259.
(7) SHELLY GABLE NAYAK	2.00									
TRUSTEE	38.00	Х						0.	154,414.	15,800.
(8) DR. PAULA Y. BRUICE	5.00									
VC DEVELOPMENT	1.00	Х		Х				0.	5,746.	0.
(9) DR. DUNCAN A. MELLICHAMP	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(10) DAVID G. ADISHIAN	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(11) JANET A. ALPERT	2.00						П			
TRUSTEE	0.	X						0.	0.	0.
(12) SARAH ARGYROPOULOS	2.00									
TRUSTEE	0.	Х						0.	0 .	0.
(13) RICHARD A. AUHLL	2.00									
TRUSTEE	0.	Х						0.	0.	0.
(14) DR. ROBERT D. BALLARD	2.00									
TRUSTEE	0.	X						0.	0.	0.

Form 990 (2020)

JSA

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	nplo			and I	ligi		ed Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	rson lirect	than o	an .ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimal amoun other	ted t of r
	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)	from ti organiza and rela organiza	ation ated
5) LAURIE J. BENTSON KAUTH TRUSTEE	2.00	Х						0.	0.		-
6) MARK A. BERTELSEN TRUSTEE	2.00	X						0.	0.		
7) DR. EDWARD E. BIRCH TRUSTEE	2.00	X						0.	0.		
8) GWENDOLYN A. BROWN TRUSTEE	2.00	X						0.	0.		
9) DANIEL P. BURNHAM TRUSTEE	2.00	X						0.	0.		
TRUSTEE)) STEPHEN E. COOPER TRUSTEE	2.00	X						0.	0.		
1) ANN CADY COOPER TRUSTEE	2.00	X						0.	0.		
2) LEONARD DEBENEDICTIS TRUSTEE	2.00	X						0.	0.		
3) JAMES G.P. DEHLSEN TRUSTEE	2.00	Х						0.	0.		
4) WILLIAM A. DINSMORE, III TRUSTEE	2.00	X						0.	0.		
5) TUNC DOLUCA TRUSTEE	2.00	X						0.	0.		
1b Sub-total					• •		•	0.	2,005,622.	229	,06
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							▶ re	0.	2,005,622.	229	,06
reportable compensation from the organization			7							Ye	s I
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo ule J for suc	or, or ch ind	tru Iividi	uste ual	e, 	key 6	mp	loyee, or highest	compensated	3	
For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. If	"Yes	3," (complete Schedu		4 X	
Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue co	mpen	sati	on f	fron	any	uni	related organization		5	
Section B. Independent Contractors							-		1 A Hotol & Natur		
1 Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	rvices	(C) Compensatio	n
2 Total number of independent contractors (in				nite	d to	thos	e li	isted above) who	received		

2999800

	Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for	box,	not cl unles	Posineck ss per	ition more rson irect	than o	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F Estim amou oth compe	nated int of er nsation
		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)	from organi and re organi	zation elated
26) DIANDRA DE MORRELL DOUGLAS TRUSTEE	2.00	Х						0.	0.		
27) ROBERT W. DUGGAN TRUSTEE	2.00	Х						0:	0.		
28		2.00										
29) BETTY ELINGS WELLS	5.00	X						0.	0.		
30		5.00	X		Х				0.	0.		
31		2.00	X		Х				0.	0.		
32	TRUSTEE) ELIZABETH GABLER	2.00	Х		\dashv				0.	0.		
33	TRUSTEE) JOHN E. GERNGROSS	2.00	Х		\dashv			_	0.	0		
	TRUSTEE) FREDERICK W. GLUCK	2.00	Х					_	0,	0.		
	TRUSTEE) MARC GROSSMAN	0.	Х						0.	0		
_	TRUSTEE	0.	Х						0.	0.		
36) JOHN A. GURLEY TRUSTEE	2.00	Х						0.	0.		
_	b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose					▶ ▶ re	ceived more than	0. \$100,000 of		0
3	employee on line 1a? If "Yes," complete Sched	ule J for sud	ch ind	ividu	ıal .						3 Y	es No
	For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	ortab \$15	ie c	omi ono	pen: <i>If</i>	satior °oov	," (complete Schedu	le J for such	1000	
7											4	x
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue coi	 mpen	satio	on f	rom	any	uni	related organization	on or individual	5	X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y ection B. Independent Contractors Complete this table for your five highest componentation from the organization. Report of	accrue con les," completes rpensated in	mpen te Sch	sationedu ende	on f le J	rom for	any such	unr pers	related organization	on or individual	5 of	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yection B. Independent Contractors Complete this table for your five highest complete the services of the services	accrue con les," complet pensated in compensation	mpen te Sch	sationedu ende	on f le J	rom for	any such	unr pers	related organization	than \$100,000 cin the organizatio	5 of	Х
5 S	Did any person listed on line 1a receive or for services rendered to the organization? If "Y ection B. Independent Contractors Complete this table for your five highest componentation from the organization. Report of year. (A)	accrue con les," complet pensated in compensation	mpen te Sch	sationedu ende	on f le J	rom for	any such	unr pers	related organization of the son o	than \$100,000 cin the organizatio	of n's tax	Х
5 S 1	Did any person listed on line 1a receive or for services rendered to the organization? If "Y ection B. Independent Contractors Complete this table for your five highest componentation from the organization. Report of year. (A)	accrue confes," complete pensated in compensation dress	mpen te Sch ndepe on for	sationedu ende the	ent c	for cont end	any such racto ar yea	rs that e	related organizations on	than \$100,000 coin the organizatio	of n's tax	Х

Part VII Section A. Officers, Directors, Tr	401000, 110	y LII	ipio	ycc	,	anu r	. 9	icat compensat		T	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	ss pe	ition more	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estir amo ot	F) nated unt of her ensation
	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)	organ and r	n the ization related izations
7) NORMAN N. HABERMANN TRUSTEE	2.00	Х						0.	0.		
B) EVA HALLER TRUSTEE	2.00	Х						0.	0.		
9) ROY C. HARDIMAN TRUSTEE	2.00	Х						0.	0.		
)) THOMAS J. HARRIMAN TRUSTEE	2.00	Х						0.	0.		
) W. ROGER HAUGHTON TRUSTEE	2.00	Х						0.	0.		
) DAVID R. HENKE TRUSTEE	2.00	Х						0.	0.		
) GEORGE W. HOLBROOK, JR. TRUSTEE	2.00	X			-			0.	0.		
) JUDITH L. HOPKINSON TRUSTEE	2.00	Х						0.	0.		
) M. BLAIR HULL, JR. TRUSTEE	2.00	Х						0.	0.		
) WILLIAM K. JONES TRUSTEE	2.00	Х						0.	0.		
) PETER C. JORDANO TRUSTEE	2.00	Х						0.	0.		
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	limited to t	 hose	liste		 		▶o re	0 .	0. \$100,000 of		
reportable compensation from the organization Did the organization list any former office				ıstee	e. 1	cev e	mp	lovee or highesi	compensated	Y	es
employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations gr	lule J for suc sum of rep eater than	ch ind oortab \$15	ividu ile d i0,0	<i>ial</i> ;om∣ 00?	 pen <i>If</i>	 satior "Yes	 n ar	nd other compens	sation from the	3	
individual	accrue co	mpen	satio	on f	rom	any	uni	related organization	on or individual	4	X
for services rendered to the organization? If "Y	'es," comple	te Sch	edu	le J	for	such	per	son		5	
ection B. Independent Contractors	npensated in	ndepe	ende	nt c	conf	racto	rs t	hat received more	than \$100,000	of	
Complete this table for your five highest con compensation from the organization. Report year.	compensati	on for	the	cai	end	lar ye	ar e	inding with or with	iin the organization	ins tax	

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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C	(E)		
## 48) DR. R. MICHAEL KOCH 2.00 TRUSTEE		able tion from ed	(F) Estimated amount of other compensation
TRUSTEE	tion (W-2/1099		from the organization and related organizations
19	0.	0.	
TRUSTEE	0	0.	
1) R. MARILYN LEE	0]	0.	
2) LILLIAN P. LOVELACE	0	0.	
3) JOHN W. MARREN 2.00 TRUSTEE 0. X 4) KATHRYN D. MCKEE 2.00 TRUSTEE 0. X 5) PAMELA MEYER LOPKER 2.00 TRUSTEE 0. X 6) LOUISE A. PAHL 2.00 TRUSTEE 0. X 7) ALEX N. PANANIDES 2.00 TRUSTEE 0. X 8) CEIL PULITZER 2.00 TRUSTEE 0. X	0	0.	
4) KATHRYN D. MCKEE 2.00 TRUSTEE 0. X 5) PAMELA MEYER LOPKER 2.00 TRUSTEE 0. X 6) LOUISE A. PAHL 2.00 TRUSTEE 0. X 7) ALEX N. PANANIDES 2.00 TRUSTEE 0. X 8) CEIL PULITZER 2.00 TRUSTEE 0. X	0	0.	
5) PAMELA MEYER LOPKER 2.00 TRUSTEE 0. X 6) LOUISE A. PAHL 2.00 TRUSTEE 0. X 7) ALEX N. PANANIDES 2.00 TRUSTEE 0. X 8) CEIL PULITZER 2.00 TRUSTEE 0. X	0	0.	
5) LOUISE A. PAHL 2.00 TRUSTEE 0. X 7) ALEX N. PANANIDES 2.00 TRUSTEE 0. X 8) CEIL PULITZER 2.00 TRUSTEE 0. X	0	0.	
7) ALEX N. PANANIDES 2.00 TRUSTEE 0. X 8) CEIL PULITZER 2.00 TRUSTEE 0. X b Sub-total	0	0.	
3) CEIL PULITZER 2.00 TRUSTEE 0. X	0	0.	
b Sub-total	0	0.	
d Total (add lines 1b and 1c)	0 . e than \$100,000	O.	
reportable compensation from the organization ▶ 7 Did the organization list any former officer, director, or trustee, key employee, or hemployee on line 1a? If "Yes," complete Schedule J for such individual	nighest compens	sated	Yes 1
For any individual listed on line 1a, is the sum of reportable compensation and other conformal organization and related organizations greater than \$150,000? If "Yes," complete Sindividual	chedule J for anization or indiv	such vidual	4 X
Complete this table for your five highest compensated independent contractors that received compensation from the organization. Report compensation for the calendar year ending with compensation.	I more than \$100	0,000 of	
	(B) on of services	Con	(C) npensation
Total number of independent contractors (including but not limited to those listed above)	who received	W.S. L.L.	المراجعة

p	-	~	•	

Pari	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation	
		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)	from the organization and related organizations	
	DIANA RAAB, PH.D. TRUSTEE	2.00	Х						0.	0.		
	CONNER D. REHAGE TRUSTEE	2.00	Х						0.	0.		
	LADY LESLIE RIDLEY-TREE TRUSTEE	2.00	Х						0.	0.		
62)	DR. RICHARD K.N. RYU TRUSTEE	2.00	X						0.	0.	19	
63) 1	MARK J. SCHWARTZ	2.00	X						0.	0.		
54)	KENNETH P. SLAUGHT	2.00	X						0.	0.		
55)	PHILLIP L. SPECTOR FRUSTEE	2.00	X						0.	0.		
6)	JUDITH C. STAPELMANN TRUSTEE	2.00	X						0.	0.		
57) 1	MICHAEL P. STEWART	2.00	X						0.	0.		
8)	SUSAN S. TAI FRUSTEE	2.00	X			П			0.	0.		
9)	JAMES S. TAYLOR TRUSTEE	2.00	X						0.			
1b S	ub-total			•			• •	•	0.	0.	(
d T 2 T	otal from continuation sheets to Part VII, sotal (add lines 1b and 1c) otal number of individuals (including but not eportable compensation from the organization	limited to the						re	ceived more than	\$100,000 of		
3 D e	id the organization list any former offi mployee on line 1a? If "Yes," complete Scheo	cer, directo Jule J for suc	r, or ch ind	tru <i>ividu</i>	istee Jal	e, k	ey e	mp	loyee, or highest	compensated	Yes No	
o ir	or any individual listed on line 1a, is the rganization and related organizations godividual	reater than	\$15 • • •	0,0	00?	lf	"Yes	," <i>(</i>	complete Schedu	le J for such	4 X	
fc	id any person listed on line 1a receive or services rendered to the organization? If ")	accrue cor es," complet	mpen le Sch	satio redu	on f le J	rom for	any such	uni pers	related organization	on or individual	5 X	
1 C	on B. Independent Contractors omplete this table for your five highest cor ompensation from the organization. Report ear.	npensated in compensation	ndepe	ende the	ent d	cont	racto ar ye	rs tl ar e	nat received more nding with or with	than \$100,000 c in the organizatio	of n's tax	
	(A) Name and business ac	dress							(B) Description of se	rvices ((C) Compensation	
2 T	otal number of independent contractors (ore than \$100,000 in compensation from t	including bu	it not	lim	itec	i to	thos	e li	sted above) who	received		
SA	1.000	io organizat	1011	_	_						Form 990 (202	

	(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not cl unles	Pos heck ss pe d a d	ition more rson irect	e than o	one an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estir n amo ot compe	F) mated unt of her ensation
		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	organ and i	n the dization related dizations
70) ANNE SMITH TOWBES TRUSTEE	2.00	Х						0.	0.		
71) CLAUDIA L. WEBSTER TRUSTEE	2.00	Х						0.	0		
72		2.00	Х						0.	0		
73) PHILIP H. WHITE TRUSTEE	2.00										
74) BRUCE G. WILCOX	2.00	X	-					0.	0,		
75		2.00	X					-	0.	0.		
76	TRUSTEE) MARIE J. WILLIAMS TRUSTEE	2.00	X						0.	0,		
77) RICHARD A. WILLIAMS TRUSTEE	2.00	X						0.	0,		
7 8		2.00	X						0.	0,		
7 9		2.00	X						0.	0.		
3 0) CHARLES ZEGAR TRUSTEE	2.00	X						0.	0.		
	b Sub-total				•:::•		•::•::•	Þ	0.	0.0	_	0
_	d Total (add lines 1b and 1c)	*:*:* * * * *		· •	•550			Ге	ceived more than	\$100 000 of		
_	reportable compensation from the organization		7									es No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	r, or chind	tru ividu	istee	e, I	кеу е	mp	loyee, or highest	compensated	3	X
4	For any individual listed on line 1a, is the organization and related organizations gre	sum of rep	ortab	le d	om	pen	satio	n ai	nd other compens	sation from the		
5	individual			6 45							4	Х
	for services rendered to the organization? If "Ye ection B. Independent Contractors	es," complet	le Sch	edu	ile J	for	such	per.	son	· · · · · · · · · · ·	5	X
1		pensated in compensation	ndepe	nde the	ent o	cont	racto lar ye	rs t ar e	hat received more ending with or with	than \$100,000 in the organizat	of ion's tax	
	(A) Name and business add	Iress							(B) Description of se	rvices	(C) Compensa	tion
								E				
2	Total number of independent contractors (in more than \$100,000 in compensation from the				itec	d to	thos	e li	sted above) who	received		
SA				_	_			_		10000	are and are	90 (202

Part VII Section A. Officers, Directors, Tre	ustees, Ke	y En	nplo	yee	s, a	and F	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	Ďοx,	unles	s pe	ition more rson i	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
31) MICHAEL B. CITRON TRUSTEE	2.00	Х						0.	0.	
2) RAFAEL COSTAS, JR. TRUSTEE	2.00	Х						0.	0.	
3) DR. ALEXANDER FANG	2.00		Н				_			
TRUSTEE 4) LORI KONSKER	2.00	X	\vdash		_			0.	0.	
TRUSTEE 5) FUMIHIRO KOZATO	2.00	Х			\dashv		_	0.	0.	
TRUSTEE 6) JOEL S. RAZNICK	2.00	Х			_			0.	0.	
TRUSTEE	0.	Х						0.	0.	
7) HUICAN ZHU TRUSTEE	2.00	X						0.	0.	
8) PEDRO CRAVEIRO TRUSTEE	2.00	Х						0.	0.	
9) ALEX S. LEBRUN	2.00				\dashv					
TRUSTEE D) JOHN P. ARNHOLD	5.00	Х	Н		\dashv		_	0.	0.	
VICE CHAIR, INVESTMENTS & TREA 1) RICHARD L. BREAUX	0. 5.00	Х	Н	Х	_			0.	0.	
PAST CHAIR & NOMINATIONS CHAIR	0.	Х		х				0.	0.	
1b Sub-total		* ***** * ****		•		2004 3004	•	0.	0.	(
d Total (add lines 1b and 1c)	limited to tl						ге	ceived more than	\$100,000 of	
3 Did the organization list any former offic	er, directo	r, or	tru	stee	e, k	ey e	mp	loyee, or highes	t compensated	Yes N
employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	omi	pens	sation	n ar	nd other compens	sation from the	3 X
organization and related organizations greindividual	eater than	\$15 	0,00	20?	lf	"Yes	," (complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	satio	n f	rom	any	uni	related organization	on or individual	5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com- compensation from the organization, Report of year.										
(A) Name and business add	iress							(B) Description of se	rvices ((C) Compensation
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited	l to	thos	e li	sted above) who	received	
A 1055 1.000 7848KW D89Q		V	20-	-7.	6F			2999800		Form 990 (20 PAGE 1

				_
30		_		u
- 2	а	е	ч	ш

(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos neck ss pe	rson lirect	than o	an ee)	(D) Reportable compensation from the	(E). Reportable compensation from related organizations		сол	(F) stimated nount of other opensat	of ition
	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)	org an	om the anizatio d relate anizatio	ion ed
2) MARCY L. CARSEY TRUSTEE	2.00	Х						0.		0.			
3) KAREN BEDROSIAN COYNE TRUSTEE	2.00	Х						0,		0.			
4) STEVEN C. MENDELL SECRETARY	5.00	Х		х				0.	8	0.			
1b Sub-total c Total from continuation sheets to P d Total (add lines 1b and 1c) Total number of individuals (including	art VII, Section A but not limited to the			5 163 (166)				0 . ceived more than	\$100,000	of			
reportable compensation from the or	ganization >	7					_					Yes	N
3 Did the organization list any forr employee on line 1a? If "Yes," comple	ner officer, directo	r, or h indi	tru ividu	stee	e, l	кеу е	mp	loyee, or highest	compens	ated	3		X
For any individual listed on line 1a organization and related organiza individual.	, is the sum of rep tions greater than	ortab \$15	le c 0,00	om; 00?	pen <i>If</i>	sation <i>"Yes</i> ,	ar " (nd other compens	ation from	the such	4	Х	
5 Did any person listed on line 1a re for services rendered to the organizat	ceive or accrue cor	npen	satio	on f	rom	any	uni	related organization	n or indivi	idual	5	Free	X
Section B. Independent Contractors	ion. II roo, complete	0.0077	000		701	ou on p	,,,,						1
 Complete this table for your five high compensation from the organization. year. 	nest compensated in Report compensation	depe on for	nde the	nt c	cont end	ractor ar yea	s tl ar e	hat received more inding with or with	than \$100 in the orga	0,000 of anization	's tax		
	A) siness address							(B) Description of se	rvices	Co	(C) empens		
							11						

			IA DA	ARBARA FOUND	ATION		23-7314	834 Page
Pai	t VII							
_		Check if Schedule O contains a	respon	ise or note to any				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a	1,058.				
ou o	b	Membership dues	1b					
Đ,	С	Fundraising events	1c					
art a	d	Related organizations	1d					
O.E	е	Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f	36,135,163				
ontrik nd Ot	g	Noncash contributions included in lines 1a-1f	1g \$	5,307,654				
OB	h	Total. Add lines 1a-1f		▶	36,136,221.			
•				Business Code				
vice	2a							

# #	1a	Federated campaigns 1a	1,058.			
and Other Similar Amounts	b	Membership dues 1b				
Ę,	С	Fundraising events 1c				
7	d	Related organizations 1d				
) <u> </u>	е	Government grants (contributions) 1e				
S	f	All other contributions, gifts, grants,				l l
ē		and similar amounts not included above 🖫 1f	36,135,163.			Tr.
높	g	Noncash contributions included in				
Ð	"	lines 1a-1f 1g	\$ 5,307,654.			
등	h	Total. Add lines 1a-1f	107-1	36,136,221		
			Business Code			
1	2a					
a	b					
Revenue		*				
Š	C					
N.	d					
	e	******				
	f	All other program service revenue		0		
-	9	Total. Add lines 2a-2f		0.		
	3	Investment income (including dividends				
		other similar amounts)	COLUMN TO A STATE OF THE STATE	2,445,825.		2,445,825
	4	Income from investment of tax-exempt bon		0:		
	5	Royalties		320.		320
		(i) Real	(ii) Personal			
	6a	Gross rents 6a				
-	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)	, >	0 :		
- 1	7a	Gross amount from (i) Securities	(ii) Other			
e l		sales of assets				
		other than inventory 7a 15,629,661	*0			
	b	Less: cost or other basis				
Ĕ		and sales expenses 7b 15,669,309	• 0			
Otner Revenue	С	Gain or (loss) 7c -39,648	e:			
ב	d	Net gain or (loss)		-39,648.		-39,648
	8a	Gross income from fundraising				
5	Ua	events (not including \$				
- 1		of contributions reported on line 1c) See Part IV, line 18 8a	0			
- 1	_					
- 1	b			0.		
	C	Net income or (loss) from fundraising event	8	0.		
	9a	Gross income from gaming				
		activities. See Part IV, line 19 9a				
		Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities		0 .		
	10a	Gross sales of inventory, less	.020			
		returns and allowances 10a				
		Less: cost of goods sold				
4	С	Net income or (loss) from sales of inventory,		0.		
			Business Code			
Kevenne	11a	OTHER INCOME	900099	127,410.		124,410
	b					
<u>&</u>	С	7				
-	d	All other revenue				
	е	Total. Add lines 11a-11d	x 2000000 x e E	127,410		
	12	Total revenue. See instructions		38,670,128.		2,530,907
		48KW D89Q				Form 990 (2020)

Part IX	Statement	of	Functional	Expense
Partix	Statement	OI	runctional	Expense

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) (D) Fundraising Program service 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to domestic organizations 21,936,911. 21,936,911 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 0 foreign individuals. See Part IV, lines 15 and 16 0. Compensation of current officers, directors, 0. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 0. Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0. 9 Other employee benefits 0. 11 Fees for services (nonemployees): 0 a Management 0 22,925. 22,925. 0. d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 55,933. 55,933. f Investment management fees 9 Other, (If line 11g amount exceeds 10% of line 25, column 0. (A) amount, list line 11g expenses on Schedule O_i). 0. 36,953. 36,953 26,103. 26,103 14 Information technology...... 0. 15 Royalties............ 0. 0. 18 Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 130,000. 130,000. 19 Conferences, conventions, and meetings 0. 0 -549. -549. 22 Depreciation, depletion, and amortization 0. 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a DEVELOPMENT OFFICE 324,732. 324,732. hANNUAL FUND 9,701. 9,701. cMISCELLANEOUS 685. 685 d e All other expenses 22,543,394. 21,936,911. 272,050. 334,433. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) 0

0E1052 1.000

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Form 990 (2020)

-	art X	Check if Schedule O contains a response or note to any line in this De	- V		X
_		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	54,626.	1	93,711.
	2	Savings and temporary cash investments	1,377,990.	2	1,532,984.
	3	Pledges and grants receivable, net	11,890,082.	3	8,257,014.
	4	Accounts receivable, net	252,583.	4	802,102.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
(S)	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	0.	9	0.
	1 -	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	10,431.	100	0.
	11	Investments - publicly traded securities	290,348,468.	11	392,420,005.
	12	Investments - other securities. See Part IV, line 11.	27,973,136.	12	34,791,941.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14		0.	14	0.
	15	Intangible assets	4.	15	4.
	16	Other assets. See Part IV, line 11	331,907,320.	16	437,897,761.
_	_	Total assets. Add lines 1 through 15 (must equal line 33)	160,168.	-	543,751.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	10,998,867.	18	11,853,178.
	19	Deferred revenue	10,998,867.	19	
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
藚		trustee, key employee, creator or founder, substantial contributor, or 35%	0		0
<u>_</u>		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	10 445 500		15 000 454
		of Schedule D	17,445,589.	-	17,022,451.
_	26	Total liabilities. Add lines 17 through 25	28,604,624.	26	29,419,380.
nces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
ñ	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		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	0.	29	0.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.	0.	30	0.
155	31	Retained earnings, endowment, accumulated income, or other funds. ATCH 2.	303,302,696.	31	408,478,381.
¥ ∤	32	Total net assets or fund balances	303,302,696.	32	408,478,381.
ž	33	Total liabilities and net assets/fund balances	331,907,320.	33	437,897,761.

437,897,761. Form **990** (2020)

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_	90 (2020)				Pa	ge 12
Part	XI Reconciliation of Net Assets					=
	Check if Schedule O contains a response or note to any line in this Part XI					\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38,6	70,3	128.
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	22,5	43,3	394.
3	Revenue less expenses. Subtract line 2 from line 1	3		16,1	26,	734.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30	03,3	02,6	696.
5	Net unrealized gains (losses) on investments	5		89,0	48,9	951.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					_
	32, column (B))	10	4 (08,4	78,3	381.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	explain	in		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			2a		Х
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 aud separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis	ited or	ı a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts of the organization changed either its oversight process or selection process during the tax year, experiences of the committee that assumes responsibility for oversight process.	ant?	. 200	2c	Х	
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	orth in t	he	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_		3b		

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Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UC	SANTA BARBARA FOUNDAT:	ION				23-73148	34					
Pa	rt I Reason for Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instructions	S					
The	organization is not a private fou											
1	A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).						
2	A school described in secti-	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)						
3	A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).						
4	A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the					
	hospital's name, city, and st	tate:										
5	X An organization operated f	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in					
	section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6	A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).						
7	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public					
	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8												
9	An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college					
	or university or a non-land-	grant college of ag	riculture (see instruct	tions). E	nter the	name, city, and state o	f the college or					
	university:					•	-					
10	An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from co	ntributions, membersh	ip fees, and gross					
	receipts from activities rela support from gross investm	ted to its exempt f	functions, subject to c	ertain ex	ceptions	s; and (2) no more than	1 331/3 % of its					
	acquired by the organizatio	n after June 30, 1	975. See section 509	(a)(2). (C	Complete	Part III.)	DUSINESSES					
11	An organization organized a	and operated excli	usively to test for publi	c safety.	See sec	tion 509(a)(4).						
12	An organization organized a	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	arry out the purposes					
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).											
	Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.					
а	Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving					
	the supported organizatio	n(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the					
	supporting organization. Y	ou must complet	e Part IV, Sections A	and B.								
b	Type II. A supporting orga	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having					
	control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported					
	organization(s). You must	complete Part IV	, Sections A and C.									
C	Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	ly integrated with,					
	its supported organization	(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.						
d	Type III non-functionally	integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)					
	that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness					
	requirement (see instructi	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.						
е	Check this box if the orga	inization received	a written determinatio	n from t	he IRS t	hat it is a Type I, Type I	l, Type III					
	functionally integrated, or			porting o	organizat	tion.						
f	Enter the number of supported	_			* ****							
_ g	Provide the following information		7.016									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see					
			above (see instructions))		ment?	instructions)	instructions)					
_				Yes	No							
(A)												
(B)												
				-								
(C)												
(D)												
(E)												

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

Schedule A (Form 990 or 990-EZ) 2020

Total

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

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,666,053.	24,028,088	39,420,333.	40,138,919.	36,136,221.	169,389,614.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
5	Total. Add lines 1 through 3 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	29,666,053.	24,028,088.	39,420,333.	40,138,919.	36,136,221.	169,389,614.
c	shown on line 11, column (f)						40,042,370.
6	Public support. Subtract line 5 from line 4						129,347,244
_	tion B. Total Support	(=) 2016	(b) 2047	(-) 2040	(4) 2040	4-> 0000	76 T-1-1
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4	29,666,053. 1,472,469.	24,028,088. 1,410,695.	39,420,333. 1,407,097.	40,138,919. 1,683,550.	36,136,221. 2,446,144.	8,419,955.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	157,936	253,395	118,083.	35,325.	127,410.	692,149.
11	Total support. Add lines 7 through 10						178,501,718
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup			44 1 (0)			72.46%
14 15	Public support percentage for 2020 (li						77.94%
	Public support percentage from 2019 331/3% support test - 2020. If the org						- isite
IVa	box and stop here . The organization q						
h	331/3% support test - 2019. If the org	ianization did no	nt check a hove	on line 13 or 16	a and line 15 is		re check
_	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2			-			
	10% or more, and if the organization	_					
b	Part VI how the organization meets organization	the facts-and-c 2019. If the org zation meets the s the facts-and-	ircumstances te ganization did no e facts-and-circo circumstances t	st. The organized check a box umstances test, est. The organi	cation qualifies on line 13, 16 check this box zation qualifies	as a publicly s	upported ► and line . Explain upported
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions					obodulo A (Form D	

Schedule A (Form 990 or 990-EZ) 2020

2999800

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

(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.)

_						<u> </u>	
	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						<u> </u>
3	Gross receipts from activities that are not an				-		
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000	14					1
	or 1% of the amount on line 13 for the year						-
	Add lines 7a and 7b						-
8	Public support. (Subtract line 7c from						
Sac	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010	(6) 2017	(0) 2010	(4) 2015	(e) 2020	(i) Total
9 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						
12	loss from the sale of capital assets			0			
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organization	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop here						
Sect	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8	, column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lin	ne 15		2020 E & 2020 E	16	%
Sec	tion D. Computation of Investmen					10	
17	Investment income percentage for 2020 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019					18	%
19a	331/3% support tests - 2020. If the or					ore than 331/3°	%, and line
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3 %, check		•	•	, ,		
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instru	uctions ►
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Supporting Organizations Part IV

(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 F	art V	<u>'.). </u>	
Secti	ion A. All Supporting Organizations			
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
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 .	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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.	10a		
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.)	10b		

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Schedule A (Form 990 or 990-EZ) 2020

Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Did the activities described in 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 **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organization	S	
Check here if the organization satisfied the Integral Part Test as a quinstructions. All other Type III non-functionally integrated supporting.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)	ty 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets			
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amou see instructions).	ınt,		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fund	tionally integra	ited Type III supporting	organization
(see instructions).	,	71 ···	

Schedule A (Form 990 or 990-EZ) 2020

Don't	V Type III Non-Functionally Integrated 509(a)(3)	Comparting Organizat	iona (continued)	_	1 ago .
	ion D - Distributions	Supporting Organizat	ions (continued)		Current Year
1				Current Year	
2	Amounts paid to supported organizations to accomplish examounts paid to perform activity that directly furthers exer	a d	1		
2	organizations, in excess of income from activity	eu	اما		
3	Administrative expenses paid to accomplish exempt purpo	zatione	3		
4	Amounts paid to acquire exempt-use assets	ises of supported organic	Zations	4	
5	Qualified set-aside amounts (prior IRS approval required - p	vrovide details in Part VIII		5	
- 6	Other distributions (describe in Part VI). See instructions.	TOVIDE GCIONS III I GIL VI		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.	ino organization to roop		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(ii)	۳	(iii)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2020	18	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
<u>d</u>	From 2018				
ее	From 2019			_	
<u>. f</u>	Total of lines 3a through 3e			ű	
g	Applied to underdistributions of prior years			\dashv	
<u>h</u>	Applied to 2020 distributable amount			-	
	Carryover from 2015 not applied (see instructions)			-	
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from			-	
4					
a	Section D, line 7: \$ Applied to underdistributions of prior years			-	
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.			\dashv	
5	Remaining underdistributions for years prior to 2020, if				
·	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carry over to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
	Eyenss from 2020			\neg	

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II - C	ATTACHMENT 1					
DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISCELLANEOUS INCOME	157,936.	39.	77,332	2,688	127,410.	365,405
INC./DIST. FROM RELATED ENTITY		253,356	40,751.	32,637		326,744
TOTALS	157,936.	253,395.	118,083.	35,325.	127,410.	692,149.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2020

Employer identification number

UC SANTA BARBARA FOUNDATION 23-7314834 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

JSA

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number 23-7314834

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	WILLIAM K. BOWES, JR. FOUNDATION		Person X Payroll
	1660 BUSH STREET, SUITE 300	\$1,000,000.	Noncash (Complete Part II for
	SAN FRANCISCO, CA 94109-5308	÷	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE KAVLI FOUNDATION		Person
	5715 MESMER AVENUE	\$1,027,500.	Payroll Noncash
	LOS ANGELES, CA 90230-6316	:	(Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROBERT W. & TRISH DUGGAN	<u>.</u>	Person
	611 SOUTH FORT HARRISON AVENUE SUITE 306	\$2,490,220.	Payroll X
	CLEARWATER, FL 33756-5301	4	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MS. BETTY ELINGS WELLS		Person X
	5959 LA GOLETA ROAD	\$3,000,000.	Payroll Noncash
	GOLETA, CA 93117-1844	:	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	NATIONAL PHILANTHROPIC TRUST		Person
	165 TOWNSHIP LINE ROAD SUITE 1200	\$ 948,000.	Payroll Noncash
	JENKINTOWN, PA 19046-3594		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	ROBERT N. NOYCE TRUST		Person
	1570 THE ALAMEDA SUITE 100	\$ 1,297,795.	Payroll X
	SAN JOSE, CA 95126-2335		(Complete Part II for noncash contributions.)

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				
7	LA CENTRA-SUMERLIN FOUNDATION PO BOX 5159 SANTA BARBARA, CA 93150-5159	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	HELLMAN FELLOWS FUND 1714 STOCKTON STREET SUITE 400 SAN FRANCISCO, CA 94133-2930	\$ \$,500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	ROY T. EDDLEMAN 67 BEVERLY PARK COURT BEVERLY HILLS, CA 90210-1543	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u></u>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		s	Person Payroll Noncash (Complete Part II for noncash contributions.)				

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			
3	SECURITIES	\$2,490,220.	12/31/2020			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
6	SECURITIES	\$ 247,795.	09/15/2020			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
99	SECURITIES	\$500,240.	06/25/2021			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
3		\$				
(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			
-		\$				

Employer identification number

23-7314834

Part III	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) the following line entry. For organizations completing Part III, enter the total of exclusively religious, 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	
	Transferee's name, address, an	er of gift Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, an	(e) Transf	_	nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
s:	(e) Transfer of gift Transferee's name, address, and ZIP + 4			nship of transferor to transferee	
(a) No.	; -				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation			nship of transferor to transferee	
	L				

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

► Attach to Form 990. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number IIC SANTA BARRADA FOIMOATTOM

	Constructions Maintaining Descriptional Funds of Other Civilla Funds	23-7314834
	Organizations Maintaining Donor Advised Funds or Other Similar Fun	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line	
	(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	
_	funds are the organization's property, subject to the organization's exclusive legal contr	
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	
	only for charitable purposes and not for the benefit of the donor or donor advisor, o	
	conferring impermissible private benefit?	Yes No
Pa	Conservation Easements.	7
4	Complete if the organization answered "Yes" on Form 990, Part IV, line	<i>L</i>
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		vation of a historically important land area
		vation of a certified historic structure
_	Preservation of open space	W. F. S. W.
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	Held at the End of the Tax Year
	easement on the last day of the tax year.	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not o	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated 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, in	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enf	ording conservation easements during the year
_	Annual of annual for an electronic for the first of the f	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfor	cing conservation easements during the year
_	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its reven	
	balance sheet, and include, if applicable, the text of the footnote to the organization's organization's accounting for conservation easements.	rinancial statements that describes the
Da		Other Similar Assets
Го	organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" on Form 990, Part IV, line	
_		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its rof art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that described	ibes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its reve	nue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other sin	5
	following amounts required to be reported under FASB ASC 958 relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	· **** * ***** · . • \$
<u>b</u>	Assets included in Form 990, Part X	
ror l	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

		, Part IV, line 11b. See Form 990, Pa	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	
1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A) HEDGE FUNDS	101,152.	FMV	
(B) PRIVATE EQUITY	4,049,244.	FMV	
(C) UC REGENTS STIP	25,701,421.	FMV	
(D) CHARIT RMDR TRUST INVST HELD	4,940,124.	FMV	
3.36	1/040/124.	I II V	
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	34,791,941.		
Part VIII Investments - Program Related. Complete if the organization answered	"Vee" on Form 990	Part IV line 110 See Form 900 Pr	art V line 12
(a) Description of investment	(b) Book value	(c) Method of valuation:	
(a) Description of investment	(b) Book value	Cost or end-of-year market v	
(1)			
(2)			
(3)			
(4)			
(5)			7
(6)			
7.10			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990,	<u>, Part IV, line 11d. See Form 990, Pa</u>	art X, line 15.
(a) Des	cription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
664-1			
(8)			
(9)			
	400.0		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir Part X Other Liabilities. Complete if the organization answered			990, Part X,
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			990, Part X,
Total. (Column (b) must equal Form 990, Part X, col. (B) lir Part X Other Liabilities. Complete if the organization answered	"Yes" on Form 990		990, Part X,
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990		
Part X Other Liabilities. Complete if the organization answered line 25. (a) Description	"Yes" on Form 990		(b) Book value
Ottal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered line 25. (a) Description (1) Federal income taxes (2) CHARITABLE REMAINDER TRUST	"Yes" on Form 990		(b) Book value 3, 064, 955
Ottal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered line 25. (a) Description (1) Federal income taxes (2) CHARITABLE REMAINDER TRUST (3) ANNUITY TRUST LIABILITY	"Yes" on Form 990		(b) Book value 3, 064, 955
Other Liabilities. Complete if the organization answered line 25. (a) Description (1) Federal income taxes (2) CHARITABLE REMAINDER TRUST (3) ANNUITY TRUST LIABILITY (4)	"Yes" on Form 990		(b) Book value 3, 064, 955
Other Liabilities. Complete if the organization answered line 25. (a) Description (1) Federal income taxes (2) CHARITABLE REMAINDER TRUST (3) ANNUITY TRUST LIABILITY (4) (5)	"Yes" on Form 990		(b) Book value 3, 064, 955
Other Liabilities. Complete if the organization answered line 25. (a) Description (1) Federal income taxes (2) CHARITABLE REMAINDER TRUST (3) ANNUITY TRUST LIABILITY (4) (5) (6)	"Yes" on Form 990		(b) Book value 3, 064, 955
Other Liabilities. Complete if the organization answered line 25. (a) Description (1) Federal income taxes (2) CHARITABLE REMAINDER TRUST (3) ANNUITY TRUST LIABILITY (4) (5) (6) (7)	"Yes" on Form 990		(b) Book value 3, 064, 955
Other Liabilities. Complete if the organization answered line 25. (a) Description (1) Federal income taxes (2) CHARITABLE REMAINDER TRUST (3) ANNUITY TRUST LIABILITY (4) (5) (6) (7) (8)	"Yes" on Form 990		(b) Book value 3, 064, 955
Other Liabilities. Complete if the organization answered line 25. (a) Description (1) Federal income taxes (2) CHARITABLE REMAINDER TRUST (3) ANNUITY TRUST LIABILITY (4) (5) (6) (7) (8) (9)	"Yes" on Form 990,	, Part IV, line 11e or 11f. See Form 9	(b) Book value 3,064,955 13,957,496
Other Liabilities. Complete if the organization answered line 25. (a) Description (1) Federal income taxes (2) CHARITABLE REMAINDER TRUST (3) ANNUITY TRUST LIABILITY (4) (5) (6) (7) (8)	"Yes" on Form 990,	, Part IV, line 11e or 11f. See Form 9	(b) Book value 3,064,955 13,957,496

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Schedule D (Form 990) 2020

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
		1	127,663,146.
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i	111,000,110.
a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	89,048,951.
3	Subtract line 2e from line 1	3	38,614,195.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 55, 933		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	55,933.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	38,670,128.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
	Total expenses and losses per audited financial statements	1	22,487,461.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Ė	
	Donated services and use of facilities		
a	Prior year adjustments		
b	Other losses		
C.	Callet Reducer 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d	Curio (Sociale in Carrina)	2e	
e	Add lines 2a through 2d	3	22,487,461.
3	Subtract line 2e from line 1	_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h		
a	investment expenses not included on Form 990, Fart Vin, line 70		
b	(= 1 m) (= 1 m	4c	55,933.
С 5	Add lines 4a and 4b	5	22,543,394.
	XIII Supplemental Information.		==/010/0012
Provid	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		
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		
		×	
-			
-			
-			

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.

UC SANTA BARBARA FOUNDATION

FIN 48 (ASC 740)

SCHEDULE D, PART X, LINE 2

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

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2020 Open to Public

OMB No. 1545-0047

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						23-731483	34
Part General Information on Grants a							
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	ınts or assistand	e?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA, SANTA BARBARA							SCHOLARSHIPS & UNIV
3201 SAASB SANTA BARBARA, CA 93106-2040	95-6006145	501(C)(3)	21,936,911.		N/A	N/A	PROGRAM SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
12)							
Enter total number of section 501(c)(3) an Enter total number of other organizations I For Paperwork Reduction Act Notice, see the Instru	isted in the line	1 table					1 .
at 1 - Parmant Moderation Not House, age the Highlig		· ·				50	

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(a) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistanc

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 I (Form 990) (2020)

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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

UC SANTA BARBARA FOUNDATION

Employer identification number 23-7314834

Par	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	-	
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	14?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Undependent 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:			
9	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
_	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.	40		
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			37
a	The organization?	6a	_	X
b	Any related organization?	6b		Х
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		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
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) 2020

Schedule J (Form 990) 2020

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	f W-2 and/or 1099-MIS	C 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	olher deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DR. DAVID MARSHALL	(0)	0.	0.	0.	0.	0.	0.	0
1TRUSTEE	(0)	389,762.	0.	0.	22,842.	0.	412,604.	.0
GEORGE L. THURLOW, III	(i)	0.	0.	0.	0.	0.	0.	0.
2TRUSTEE	(ii)	224,279.	0.	0.	18,705.	15,861.	258,845.	0.
DR. HENRY T. YANG	(i)	0.	0.	0.	0.	0.	0.	0.
3TRUSTEE	(ii)	439,991.	0.	0.	40,886.	20,634.	501,511.	0.
CHRISTIAN TREITLER	(i)	0.	0.	0.	0.	0.	0.	0.
4CFO	(ii)	172,751.	0.	0.	2,103.	14,156.	189,010.	0.
SHELLY GABLE NAYAK	(i)	0.	0.	0.	0.	0.	0.	0.
5TRUSTEE	(6)	154,414.	0.	0.	12,503.	3,297.	170,214.	0.
SUSANNAH SCOTT	(i)	0.	0.	0.	0.	0.	0.	0.
6TRUSTEE	(ii)	408,014.	0.	0.	24,054.	22,118.	454,186.	0.
DOUG G. STEIGERWALD	(i)	0.	0.	0.	0.	0.	0.	0.
7TRUSTEE	(ii)	210,665.	0.	0.	16,280.	15,621.	242,566.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(0)							

Schedule J (Form 990) 2020

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UC SANTA BARBARA FOUNDATION 23-7314834

Schedule J (Form 990) 2020

Part III Supplemental Information

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

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 FY21, 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 2020.

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 J (Form 990) 2020

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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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UC SANTA BARBARA FOUNDATION

Employer identification number

23-7314834

Par		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
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	X	53.	5,307,654.	HIGH LOW	AVG	ON	GIFT
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
	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								
22	Taxidermy							
23	Scientific specimens							
24	Archeological artifacts							
25	Other >/							
26	Other ►() Other ►()							
27	Other ►()							
28	Other ►(
29		by the err	prinction during the tay w	and for contributions for				
29	Number of Forms 8283 received				29			
	which the organization completed F	-oiii 6263,	Part V, Donee Acknowledge	ement	[25]	T	Yes	No
20-	During the year did the asseniant	ion rossius	hu aastihutian anu neesa	sty specified in Doct I line.	أ طعينجه أ		162	140
Jua	During the year, did the organization							
	28, that it must hold for at least the					20-		X
L	to be used for exempt purposes for		olding period?		• • • • • •	30a		
	If "Yes," describe the arrangement in							
31	Does the organization have a						v	
	contributions?					31	Х	_
32a	Does the organization hire or use	-	_			.		77
I.	contributions?	• • • • • •				32a	-	X
	If "Yes," describe in Part II.							
33	If the organization didn't report an a describe in Part II.	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2020

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

UC SANTA BARBARA FOUNDATION

Employer identification number 23-7314834

PROCESS OF REVIEW

FORM 990, PART VI, LINE 11A

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 11A

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. 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
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 6/30/2021, 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

Employer identification number

23-7314834

COMPARABILITY, EXTERNAL MARKET COMPARABILITY, SCOPE AND BREADTH OF 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.

ATTACHMENT 1

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.

ATTACHMENT 2

FORM 990, PART X - OTHER FUNDS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
UNRESTRICTED	1,220,713.	1,162,532.

RESTRICTED - EXPENDABLE 127,614,506. 219,575,497.

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization		Employer Identification number
UC SANTA BARBARA FOUNDATION		23-7314834
		ATTACHMENT 2 (CONT'D)
FORM 990, PART X - OTHER FUNDS		
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
RESTRICTED - NONEXPENDABLE	174,467,477.	187,740,351.

303,302,696.

408,478,380.

TOTALS

UC SANTA BARBARA FOUNDATION

23-7314834

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

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UC SANTA BARBARA FOUNDATION

23-7314834

Part I Identification of Disregarded Entities. Complete if the	ne organization ansv	vered "Yes" on F	orm 990, Part I	V, line 33.≘			
(a) Name, address, and EIN (if applicable) of disregarded entity	ı	(b) Primary activity	(c) egal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct cor	ntrolling
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during to	Complete if the org	ganization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34, because	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 contr	rolled
						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	EDUCATION	CA			STATE OF CA		Х
(3)				1			

reality, address, and Elif of related digalization	I many activity	or foreign country)	Exempt Code section	(if section 501(c)(3))	entity	contr enti	
						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	EDUCATION	CA			STATE OF CA		Х
(3)	-						
(4)							
(5)							
(6)							
(7)							
							4

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

Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of lotal Income	(g) Share of end-of- year assets	Dispret	h) porto nelle abore *	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1085)	(j) General or managing partner?		General or managing partner?		General or managing		(k) Percentage ownership
		country)		Sections 512 514)			Yes	No		Yes	No					
(1)	-1															
(2)																
(3)							T									
(4)							\vdash									
(5)							\vdash									
(6)																
(7)								_								

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) Primery activity	(c) Legal domicile (slate 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	Section 512(b) control entit	ion)(13) bited ty?
(1) CHARITABLE REMAINDER UNITRUST (5)	ÉUNDRAISING	CA	N/A	TRUST				x	
(2) CHARITABLE REMAINDER ANNUITY TRUST	FUNDRAISING		N/A	TRUST				x	
(3)	_								_
(4)								П	_
(5)								П	-
(6)								H	_
(7)								Н	_

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s).	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
	AN ORGANIC PROPERTY.			
f	Dividends from related organization(s)	1f		Х
q		19		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s).	1j		Х
•	(1)			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
ï	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	Х	\Box
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
_	go para amproject and organization (e)			
n	Reimbursement paid to related organization(s) for expenses.	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q		Х
7				
r	Other transfer of cash or property to related organization(s)	1r		X
5	Other transfer of cash or property from related organization(s).	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method type (a-s) amou	ot dele int invo		ng
(1)				
(2)				
235				
(3)				
SCHOOL				
(4)				
(5)				
12570				
(6)			_	
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0E130			_	
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Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Depreparionste		(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	(FUIII 1005)	Yes	No	1
(1)													
(2)								1				F	
(3)													
(4)													
(5)								1					
(6)													
(7)								1					
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)								1					
(16)													

Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020

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Part VII Supplemental Information

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

RELATED ORGANIZATIONS

SCHEDULE R, PART VII - RELATED ORGANIZATIONS

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