Form	990
Departm	nent of the Treasury

Return of Organization Exempt From Income Tax

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

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

G Open to Public

OMB No. 1545-0047

Interr	nal Reve	nue Serv	vice	Informatio	n about Form	1 990 and	its instructions	s is at и	ww.irs.	gov/fo	orm9	90.		Ins	pection	1
A F	or th	e 202	1 cale	ndar year, or tax year be	ginning	0	7/01/2021	and	ending				06	/30/202	2	
_			C Nam	e of organization						1	D Em	nployer io	dentifi	cation numb	ər	
BC	heck if ap	plicable:	UC	SAN DIEGO FOUNDAT	ION											
	Addre chang		Doing	g Business As							95	5-287	249	4		
	-	change	Num	ber and street (or P.O. box if mail	is not delivered	to street add	Iress)	Room/s	suite	1	E Te	lephone	numbe	er		
	Initial	return	95()0 GILMAN DRIVE #0	940						(8	858)5	534-	1032		
	Termi	nated		or town, state or province, countr		eign postal c	ode					/ _	-			
	Amen		T,A	JOLLA, CA 92093-0	940						G Gr	oss recei	pts \$	396,5	55.4	153.
	Applic	ation		e and address of principal officer:		HAVER				1		s this a gro				X No
	_ pendi	ng	9500) GILMAN DRIVE #09			CA 92093-	0940				ubordinate Are all subor		included?	Yes	No
1	Тах-ех	empt sta		X 501(c)(3) 501(c)		isert no.)	4947(a)(1)		527	-1				st. (see instruction		
		· ·		VDATION.UCSD.EDU		isent no.)	4347 (a)(1)		527	—		Group exer			,	
				X Corporation Trust	Association	Other	•		Voor of fo		. ,	· · ·		e of legal dom	icilo:	CA
	art I		mmary		ASSociation	Other	•			mane	л. т.;	972	Jiai	e or regar dorn		CA
Г				be the organization's missior		loopt optivi				ם חז	A T C	דמת ש	- 1 7 7 7 77	סממוזים שי	ים ידים	
-	•			VERSITY OF CALIFOR	-							E_PRI	VAI	E SUPPO	KI F	<u>OR</u>
nc.				I, TEACHING AND PU				PURPO			5				·	
ŝrnŝ	2			\rightarrow if the organization												
Governance				ŭ		•	•						3			10
ي م				oting members of the governi												48
es				dependent voting members of									4			44
viti				of individuals employed in c									5			NONE
Activities	6		numbei	of volunteers (estimate if nec	essary)					• • •	• • •		6		- 1 - 1	44
				ed business revenue from Part									7a	-	-31,3	
	a	Net ur	nrelated	business taxable income fro	m Form 990-1	, line 34 🔒			••••			Year	7b	Curro	nt Year	NONE
		0	h 4 ! = .= =	and success (Dent)(III, line 4h)					H				1.0			
ne	8	Contri	butions	and grants (Part VIII, line 1h)			COP	Y FOR	$\neg \vdash$	15	80,3	342,3		196,1		
Revenue				vice revenue (Part VIII, line 2g)				NSPECT			1.0	85,6			L16,1	
Re				ncome (Part VIII, column (A), I					∟	-	19,4	430,9)94,7	
				e (Part VIII, column (A), lines								46,3			LO3,3	
				e - add lines 8 through 11 (mi			(): /					905,1		216,4		
				imilar amounts paid (Part IX, c							/3,6	546,3		125,2		
				to or for members (Part IX, co									IONE			NONE
ses	15			er compensation, employee be									IONE			NONE
Expenses	16a	Profes	ssional	fundraising fees (Part IX, colu	mn (A), line 11	e)			•••			1	IONE		1	NONE
Ä	d -			sing expenses (Part IX, column									1.0			
				ses (Part IX, column (A), lines								<u>683,9</u>			988,8	
				es. Add lines 13-17 (must equ								330,3		126,2		
<u> </u>	19	Reven	iue less	expenses. Subtract line 18 fr	om line 12						,	574,8		-	48,7	/34.
Net Assets or Fund Balances										-	-	Current			f Year	
sse 3ala	20	Total a	assets (Part X, line 16)					• • •			962,8				
nd B	21			s (Part X, line 26)					•••			<u>495,8</u>		109,8		
				fund balances. Subtract line	21 from line 2	0			• • •	1,51	19,4	166,9	90.	1,478,4	:60,8	342.
	rt II			e Block			· · · ·						,			
true	der per e, corre	ct, and	complet	 I declare that I have examined Declaration of preparer (other tl 	this return, incl nan officer) is ba	uding acco ised on all ir	mpanying schedi	ules and ich prepa	statemer arer has a	nts, an iny kno	d to ti owledg	he best o je.	of my	knowledge a	nd belie	et, it is
Sig	n		Signatu	re of officer								Date				
He		,	0					_				Date				
				IAVER print name and title			CFC)								
			,,	•	Drong-star	ianotura		Det					-			
Paic	ł			eparer's name	Preparer's s	•		Date		·		heck	_ "	PTIN		
	- parer			MCREYNOLDS	_	m-		03	3/21/2			elf-emplo		P009778		
	Only		name	► PRICEWATERHOUSE								EIN 🕨		3-40083		
	-		address								Phone	no.	2	67-330-		
				is return with the preparer sho			ons)						<u></u>			X No
For	Paper	work	Reduct	ion Act Notice, see the sepa	rate instructio	ns.								Form	990 (2	2021)

For Paperwork Reduction Act Notice, see the separate instructions.

UC	SAN	DIEGO	FOUNDATION

For	m 990 (2021)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	THE MISSION OF THE UC SAN DIEGO FOUNDATION IS TO ADVOCATE AND RAISE	
	PRIVATE SUPPORT FOR THE UNIVERSITY OF CALIFORNIA SAN DIEGO, FOR THE	
	PURPOSE OF ITS RESEARCH, TEACHING AND PUBLIC SERVICE MISSION.	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
2	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 119,442,931. including grants of \$ 119,442,931.) (Revenue \$	NONE)
	GRANTS IN SUPPORT OF PROGRAMS OF THE UNIVERSITY OF CALIFORNIA, SAN	
	DIEGO: \$54,354,290 FOR GENERAL DEPARTMENT SUPPORT, \$43,946,983 FOR	
	RESEARCH RELATED FACULTY SUPPORT, \$14,490,598 FOR STUDENT AID,	
	\$6,651,059 FOR CAPITAL PROJECT CONSTRUCTION.	
46	(Code)) (European C , and and including grants of C , and an) (Devenue C	·····
4D	(Code:) (Expenses \$5,852,053. including grants of \$5,852,053.) (Revenue \$	NONE)
	INVESTMENT EARNINGS PROVIDED TO SUPPORT UC SAN DIEGO FOUNDATION'S	
	OPERATING COSTS, AS WELL AS OTHER FUNDRAISING COSTS, BOTH INCURRED BY THE CAMPUS.	
	BI THE CAMPOS.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 125,294,984.	
	020 1.000	Form 990 (2021)
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Part	V Checklist of Required Schedules		Maa	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X X	
2 3	Did the organization required to complete Schedule B, Schedule D Contributors? See instructions	2	Λ	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	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	114		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
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		х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, husiness investment, and program service activities outside the United States or aggregate			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Х	ĺ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		27	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	L
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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	[162	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
c	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussion during the year? If "Yea" complete Schedule I. Part I.	25a		v
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	258		X
D D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
•	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			37
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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			
<i></i>	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 on Schedule O for Part VI, lines 11b and			
Dart	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			
			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 on 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	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country ► MEXICO			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
d	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
_		-		
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		<u></u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.			21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
JSA		-	000	(2021)

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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 48			
	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 1b 44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2	Х	
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		37
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		v
-	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	80	Х	
-	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	00	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	_ A
0000		0000	Yes	No
100	Did the ergenization have lead chapters branches or effiliates?	10a		x
	Did the organization have local chapters, branches, or affiliates?			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ū	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	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 record	s 🕨		
	M. SHAVER 9500 GILMAN DR. MC 0940 LA JOLLA, CA 92093-0940			
JSA	858-534-1032	Form	990	(2021)
1E1042				
	4101MJ M015 V21-7.15		11	

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unles	Pos neck is pe	erson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) =	1.00									
(1) P. KHOSLA	1.00							NONE	460 421	02 014
CHANCELLOR & PRESIDENT	39.00	X		Х				NONE	469,431.	93,014.
(2) A. SPIRA EXECUTIVE VICE PRESIDENT	10.00	x		Х				NONE	325,470.	94,304.
(3) M. CRUZ	10.00			Δ				NONE	525,470.	<u> </u>
VICE PRESIDENT	30.00	-		х				NONE	316,625.	95,379.
(4) D. HUNSINGER	10.00								010,0101	
VICE PRESIDENT	30.00			Х				NONE	312,248.	57,455.
(5) M. SHAVER	30.00									
CHIEF FINANCIAL OFFICER	10.00			Х				NONE	264,983.	71,105.
(6) S. NARUCKI	1.00									
TRUSTEE/FACULTY REPRESENTATIVE	39.00	Х						NONE	187,596.	73,406.
(7) K.SYKES	40.00									
CONTROLLER	NONE					X		NONE	117,980.	49,694.
(8) V.BAYTCHEV	40.00	-								
INVESTMENT OPERATIONS MANAGER	NONE						Х	NONE	120,023.	30,413.
(9) A. SHERMAN	40.00	-								
CORPORATE SECRETARY	NONE			Х				NONE	86,968.	35,119.
(10) T. HALICIOGLU	1.00	-								
TRUSTEE/LECTURER	NONE	X						NONE	3,777.	NONE
(11) J. SILBERMAN	2.00	-								
CHAIR	NONE	Х		Х				NONE	NONE	NONE
(12) S. HART	1.00	-								
IMMEDIATE PAST CHAIR	NONE	X		Х				NONE	NONE	NONE
(13) P. THOROGOOD	1.00									
TREASURER	NONE	X		Χ				NONE	NONE	NONE
(14) L. BLACK	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE

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Form	990	(2021)	
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Part VII Section A. Officers, Directors, Tru	0.000, 1.0	<u>y </u>	ipio	yce	-3,	anui	ngi	hest Compensat		ontinuea)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles er and	ss pe d a d	more rson irect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	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
15) D. BRONSTON-CULP	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
16) A. CHEDRICK	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
17) N. EAST	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
18) P. EPSTEIN	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
19) M. FARRELL	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONI
20) B. GILBERT	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONI
21) M. GLEIBERMAN	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
22) A. GRILLO-LOPEZ	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
23) R. HERTZBERG	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
24) G. JACOBS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONI
25) S. JAMIESON	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
1b Sub-total								NONE	2,205,101.	599,889.
c Total from continuation sheets to Part VII, Se	ection A							NONE	NONE	NONI
d Total (add lines 1b and 1c)	-							NONE	2,205,101.	599,889.

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization ►	e listed above) who received	

Yes No

Form 990 (2021) Part VII Section A. Officers, Directors	s. Trustees, Ke	v En	nplo	ve	es.	and I	lia	hest Compensat	ed Employees (c	Page 8
Part VII Section A. Officers, Directors (A) Name and title	s, Trustees, Ke (B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl unles	Pos Pos heck ss pe	C) sition more	e than c is both tor/trust employee	one an	hest Compensat (D) Reportable compensation from the organization (W-2/1099-MISC)	ed Employees (c (E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	1.00	<u> </u>	e			ated				
(_26)_WJONES TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE	NONE
(27) J. KRALIK	1.00									
TRUSTEE	NONE	x						NONE	NONE	NONE
(28) K. KRONER	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(<u>29) W. KWOK</u>	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(<u>30) W. LEE</u>	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(<u>31)</u> S. LEW	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(<u>32) J. MALANA</u>	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(<u>33) R. MARREN</u>	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(<u>34) M. NEWSOME</u>	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(<u>35) D. OLIVER</u>	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(<u>36) J. ONG</u>	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total							►			
c Total from continuation sheets to Part	VII, Section A						►			
d Total (add lines 1b and 1c)			• •		• •					
2 Total number of individuals (including bu		hose	liste	d al	bov	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organ	ization 🕨									

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

Section B. Independent Contractors

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

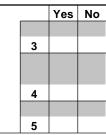
(A) Name and business address	(B) Description of services	(C) Compensation
 2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 	e listed above) who received	

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	pic	byee	es,	and I	ligi	nest Compensat	ed Employees (c	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e than c is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	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
37) P. PALISOUL	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
38) G. PAPADOPOULOS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
39) R. PASTOR	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
40) K. BOEHM	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
41) B. POWERS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
42) H. RADY	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
43) A. REED	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
44) L. SCHENK	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
45) D. SENYEI	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
46) P. SHAH	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
<u>47) M. SHAH</u>	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 	Section A	•••	•••	•••	•••	· · ·	re	ceived more than	\$100,000 of	
reportable compensation from the organization	on 🕨									
										Yes No
3 Did the organization list any former offic	cer, directo	or, or	tru	uste	e,	key e	emp	loyee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*.
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*



Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

art VII Section A. Officers, Directors, Tr	rustees, Ke	ey En	пріо	byee	es,	and F	ligi	nest Compensat	εα Επριογ	ees (co	ntinued)	
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than c box, unless person is both officer and a director/trust				is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	n from	from amount other	
	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-N		from t organiz and rela organiza	ation ated
8) L. SPIEGEL RUSTEE	<u>1.00</u> NONE	X						NONE		NONE		NC
9) S. STRACHAN RUSTEE	<u>1.00</u>	x						NONE		NONE		NC
0) S. TIMMONS RUSTEE	1.00 NONE	x						NONE		NONE		NC
1) V. VILAPLANA RUSTEE	<u>1.00</u>	X						NONE		NONE		N
2) S. WOLFE RUSTEE	<u>1.00</u>	X						NONE		NONE		N
3) S. WONGAVERY RUSTEE	<u>1.00</u>	X						NONE		NONE		NC
4) A. ZOLLAR RUSTEE	<u>1.00</u>	X						NONE		NONE		N
b Sub-total		-										
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A		• •	• •	• •							
Total number of individuals (including but not reportable compensation from the organization		hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of	f		
Did the organization list any former offi employee on line 1a? If "Yes," complete Scher											Ye 3 2	es N X
For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	50,0	00?	If	"Yes	s," (complete Schedu			4 2	x
Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on f	fron	n any	un	related organization			5	
ection B. Independent Contractors	npensated i	ndepe	ende	ento	con							
Complete this table for your five highest cor compensation from the organization. Report year.	compensati	on foi	the	e ca	lenc	lar ye	ar e	ending with or with	nin the orgar	nization'	s 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 ► NONE

Form 990 (2021) UC Part VIII Statement of Revenue

UC SAN DIEGO FOUNDATION

		Check if Schedule	эΟс	ontains a	respor	nse or note to any	/ line in this Part V	/		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts S	1a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
ΩĔ	c	Fundraising events			1c	1,187,920.				
fts,	d	Related organizations			1d					
ilai	e	Government grants (co			1e					
ns, Sim	f	All other contributions,		,	16					
rio S	· ·	and similar amounts not i	•	.	1f	194,930,430.				
ibu		Noncash contributions				191,930,130.				
1 U	g				1	\$ 18,460,680.				
and	h	lines 1a-1f			1g		106 119 250			
	h	Total. Add lines 1a-1f				Business Code	196,118,350.			
Ð		NENDERGUID INCOME					116 120	116 120	NONE	NONE
vic	2a	MEMBERSHIP INCOME				900099	116,139.	116,139.	NONE	NONE
Ser	b									
E a	c									
Program Service Revenue	d									
õ	е									
α.	f	All other program servi							NONE	NONE
	g	Total. Add lines 2a-2f					116,139.			
	3	Investment income	•	Ũ						
		other similar amounts)					9,968,855.		-31,363.	10,000,218.
	4	Income from investme		•			NONE			
	5	Royalties					NONE			
				(i) Re	al	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c		NONE	none				
	d	Net rental income or (lo	oss) 🛛				NONE			
	7a	Gross amount from		(i) Secu	rities	(ii) Other				
		sales of assets								
		other than inventory	7a	190,24	8,782.					
e	b	Less: cost or other basis								
evenue		and sales expenses	7b	180,12	2,864.					
é	c	Gain or (loss)	7c	10,12	25,918.					
R.	d	Net gain or (loss)					10,125,918.			10,125,918.
Other		Gross income fro	m	fundraising						
õ		events (not including \$		1,187,920.						
		of contributions rep		l on line						
		1c). See Part IV, line 18				103,327.				
	ь	Less: direct expenses			8b	NONE				
	c	Net income or (loss) fr					103,327.			103,327.
	9a		rom	gaming						
	Ju	activities. See Part IV, I		0 0		NONE				
	b	Less: direct expenses				NONE				
	c	Net income or (loss) f					NONE			
	10a	Gross sales of i								
	IVa	returns and allowances				NONE				
	h					NONE				
	b c	Less: cost of goods sol Net income or (loss) fr	om sa	ales of inver			NONE			
<i>"</i>	-					Business Code				
Miscellaneous Revenue	44-									
ne	11a									
ella vei	b									
Sce	C L									
Ĭ	d	All other revenue				└ <u>····</u>	NONE			
	<u>е</u> 12	Total. Add lines 11a-1 Total revenue. See ins					216,432,589.	116,139.	-31,363.	20,229,463.
			ແບເມ				<u></u> ,,,,	,y,	JI, JUJ.	

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus		s. All other organization	ns must complete colu	ımn (A).
Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	125,294,984.	125,294,984.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,	NONE			
trustees, and key employees	NONE			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	NONE			
	NONE			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9 Other employee benefits	NONE			
0 Payroll taxes	NONE			
1 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	NONE			
12 Advertising and promotion	NONE			
3 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
I6 Occupancy	NONE			
I 7 Travel	NONE			
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
9 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	NONE			
3 Insurance	NONE			
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a BANK CHARGES	123,972.	NONE	123,972.	NOI
b INVESTMENT FEES	770,587.	NONE	770,587.	NO
c OTHER EXPENSES	94,312.	NONE	94,312.	NO
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	126,283,855.	125,294,984.	988,871.	NOI
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if				

following SOP 98-2 (ASC 958-720)

n 990 (Page 1 1
art X	Check if Schedule O contains a response or note to any line in this P	art X		
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	NONE	1	NON
2	Savings and temporary cash investments.	989,587.	2	7,191,620
3	Pledges and grants receivable, net	80,829,021.	3	80,163,165
4	Accounts receivable, net	NONE	4	NOI
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NO
6	Loans and other receivables from other disqualified persons (as defined		-	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NO
7	Notes and loans receivable, net	NONE		NO
8	Inventories for sale or use	NONE		NO
9	Prepaid expenses and deferred charges	16,000.	9	NO
-	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	426,033,738.		378,135,403
12	Investments - other securities. See Part IV, line 11			1,062,954,386
13	Investments - program-related. See Part IV, line 11	1,043,169.		1,783,16
14	Intangible assets	NONE		NO
15	Other assets. See Part IV, line 11	64,682,718.		58,040,42
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,588,268,165
17	Accounts payable and accrued expenses	540,769.		181,47
18	Grants payable	NONE		NO
19	Deferred revenue	54,925,000.		34,925,000
20	Tax-exempt bond liabilities	NONE	20	NO
21	Escrow or custodial account liability. Complete Part IV of Schedule D	14,284,217.		13,149,449
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NO
23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NO
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NO
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	69,745,844.	25	61,551,40
26	Total liabilities. Add lines 17 through 25	139,495,830.	26	109,807,323
	Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	NONE	29	NO
30	Paid-in or capital surplus, or land, building, or equipment fund	NONE		NO
31	Retained earnings, endowment, accumulated income, or other funds		31	1,478,460,842
32	Total net assets or fund balances		32	1,478,460,842
	Total liabilities and net assets/fund balances			

U	C SAN DIEGO FOUNDATION	95-287	249	4			
Form 990 (2						Paç	ge 12
Part XI	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					X
1 To	tal revenue (must equal Part VIII, column (A), line 12)		1				<u>589</u> .
2 To	tal expenses (must equal Part IX, column (A), line 25)		2				<u>855</u> .
3 Re	evenue less expenses. Subtract line 2 from line 1		3		_		<u>734</u> .
4 Ne	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .			,519			
5 Ne	et unrealized gains (losses) on investments		5	-131	, 21	15,	<u>469</u> .
6 Do	onated services and use of facilities		6				
7 Inv	vestment expenses		7				
	ior period adjustments		8				
	her changes in net assets or fund balances (explain on Schedule O).		9		6	50,	<u>587</u> .
	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part			. – .			
	2, column (B))		10 🛛	,478	,40	50,	<u>842</u> .
Part XII							
	Check if Schedule O contains a response or note to any line in this Part XII.				• •		
4	counting method used to prepare the Form 990: Cash X Accrual Othe	-				Yes	No
	counting method used to prepare the Form 990: Cash x Accrual Othe the organization changed its method of accounting from a prior year or checked "		loin (
	chedule O.	otner, exp					
	ere the organization's financial statements compiled or reviewed by an independent accord	untant?			2a		Х
	"Yes," check a box below to indicate whether the financial statements for the year				20		<u></u>
	viewed on a separate basis, consolidated basis, or both:	were comp	nieu				
	Separate basis Consolidated basis Both consolidated and separate	haeie					
ь \//	ere the organization's financial statements audited by an independent accountant?				2b	Х	
	"Yes," check a box below to indicate whether the financial statements for the year v			•• ⊢			
	parate basis, consolidated basis, or both:		u on	а			
	Separate basis Consolidated basis X Both consolidated and separate	basis					
c lf	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibi		siaht	of			
	e audit, review, or compilation of its financial statements and selection of an independent		-		2c	Х	
	the organization changed either its oversight process or selection process during the ta						
	chedule O.	,, <i></i> ,					
	a result of a federal award, was the organization required to undergo an audit or audits	as set forth	n in th	ne			
	ngle Audit Act and OMB Circular A-133?				3a		Х
	"Yes," did the organization undergo the required audit or audits? If the organization di	d not unde	rgo tl	he		T	
re	quired audit or audits, explain why on Schedule O and describe any steps taken to under	go such aud	lits		3b		

SCHE	DULE	A
(Form	990)	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G Open to Public Inspection

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

Nam	e of th	ne organization					Employer identif	ication number				
UC	SAI	N DIEGO FOUNDATION						872494				
Ра	rt I	Reason for Public Cha	arity Status. (All o	organizations must	complet	te this p	art.) See instruction	S				
The	orga	anization is not a private fou	indation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)					
1		A church, convention of ch					70(b)(1)(A)(i).					
2		A school described in section			-							
3		A hospital or a cooperative										
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 s										
5	X	An organization operated		a college or universit	ty owned	d or ope	erated by a governme	ental unit described in				
		section 170(b)(1)(A)(iv). (0										
6	Ш	A federal, state, or local go	-			-						
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
		described in section 170(b		-								
8	Ш	A community trust describe										
9		An agricultural research or	-			-						
		or university or a non-land-	grant college of ag	priculture (see instruct	tions). E	nter the	name, city, and state o	f the college or				
		university:										
10 11		An organization that norma receipts from activities rela support from gross investin acquired by the organization An organization organized	ated to its exempt f nent income and u on after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more thai s section 511 tax) from e Part III.)	n 331/3 % of its				
12		An organization organized						ry out the purposes of				
12		one or more publicly suppo		-	-							
		the box on lines 12a throug										
							-	-				
а		Type I. A supporting org the supported organization	-		-							
		supporting organization.				ajonty of						
b		Type II. A supporting org				with ite	supported organizati	on(c) by baying				
U		control or management of										
		organization(s). You must		-	the sam	e persor		age the supported				
с		Type III functionally inte	•		ated in c	onnectio	n with and functiona	lly integrated with				
U		_ its supported organization						ily integrated with,				
d		Type III non-functionally						ted organization(s)				
ŭ	L	that is not functionally int			-							
		_ requirement (see instruct	• •	• ·								
е		Check this box if the orga		-				II. Type III				
-		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,					
f	En	ter the number of supported										
g	Pro	ovide the following informati	on about the suppo	orted organization(s).								
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo docu	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												
Tota	al											
For I	Paper	work Reduction Act Notice, see th	e Instructions for Form	990 or 990-EZ.			S	chedule A (Form 990) 2021				

Page **2**

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	201,956,787.	89,406,173.	142,979,663.	180,342,312.	196,118,350.	810,803,285.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1,438,107.	1,409,992.	1,165,868.	1,272,230.	1,866,388.	7,152,585.	
4 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	203,394,894.	90,816,165.	144,145,531.	181,614,542.	197,984,738.	817,955,870.	
	shown on line 11, column (f)						22,733,749.	
6	Public support. Subtract line 5 from line 4						795,222,121.	
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·			1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	203,394,894. 10,617,656.	90,816,165.	144,145,531.	181,614,542.	197,984,738. 9,927,391.	817,955,870.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-88,853.	24,931.	152,064.	-207.	41,464.	129,399.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . SEE SUPP PAGE .	467,790.	447,692.	279,720.	46,313.	103,327.	1,344,842.	
11	Total support. Add lines 7 through 10						872,975,872.	
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>						
Sec	tion C. Computation of Public Sup		0					
14	Public support percentage for 2021 (li					14	91.09 %	
15	Public support percentage from 2020					15	90.57 %	
	33 1/3% support test - 2021 . If the orgoin box and stop here . The organization q	ualifies as a pub	licly supported	organization			▶ X	
	b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
19	in Part VI how the organization meets organization. Private foundation. If the organizatio	s the facts-and	-circumstances t	est. The organi	ization qualifies	as a publicly s	upported	
18	instructions							

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		r				1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
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						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a sectior	n 501(c)(3)
	organization, check this box and stop here						►
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2021 (line 8,	.,	•			15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2020. If the orga						·
	line 18 is not more than 331/3%, check		•	• •			
20	Private foundation. If the organization	did not check a	a box on line 1	14, 19a, or 19b	, check this bo		
JSA 1E122	1 1.000					Schedule	e A (Form 990) 2021

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		

- **b** A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1
- Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).						
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>						
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).						
•	A . (*	the Test Assess free or end of the law		Yes	No		
2	2 Activities Test. Answer lines 2a and 2b below.						

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI .	3a	

- 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.

Schedule A (Form 990) 2021

3b

Yes No

11b

11c

2

Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)										
Secti	Section D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish ex		1							
2	Amounts paid to perform activity that directly furthers exer	ed								
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpo	zations	3							
4	Amounts paid to acquire exempt-use assets			4						
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5						
6	Other distributions (describe in Part VI). See instructions.			6						
7	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive							
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2021 from Section C, line 6			9						
10	Line 8 amount divided by line 9 amount			10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021					
1	Distributable amount for 2021 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2021									
	(reasonable cause required - explain in Part VI). See									
	instructions.									
3	Excess distributions carryover, if any, to 2021									
a	From 2016									
b	From 2017									
C										
d										
e	From 2020									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2021 distributable amount									
i	Carryover from 2016 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2021 from									
	Section D, line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2021 distributable amount									
	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2021, if									
	any. Subtract lines 3g and 4a from line 2. For result									
	greater than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2021. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.									
7	Excess distributions carryover to 2022. Add lines 3j and 4c.									
8	Breakdown of line 7:									
 a	Excess from 2017									
 b	Excess from 2018									
 	Excess from 2019									
d	Excess from 2020									
e	Excess from 2021									

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 8

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	Α,	PART	ΙI	-	OTHER	INCOME

Schedule A (Form 990 or 990-EZ) 2021

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	467,790.	447,692.	279,720.	46,313.	103,327.	1,344,842.
TOTALS	467,790.	447,692.	279,720.	46,313.	103,327.	1,344,842.

Schedule A (Form 990 or 990-EZ) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

UC SAN DIEGO FOUND	DATION	95-2872494
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	vate foundation
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)	Page 2
Name of organization	Employer identification number
UC SAN DIEGO FOUNDATION	95-2872494

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	<u>N/A</u>	\$19,380,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	<u>N/A</u>	\$11,007,907.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	<u>N/A</u>	\$6,287,893.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>N/A</u>	\$5,929,706.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<u>N/A</u>	\$5,000,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	<u>N/A</u>	\$13,976,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

me of or	ganization		entification number
	UC SAN DIEGO FOUNDATION		2872494
art II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	LIMITED PARTNERSHIP INTEREST		
		\$5,000,000	01/12/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	PLEDGE		
0		\$11,976,000	06/30/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

	(Form 990) (2021)			Page 4
Name of or				Employer identification number
Part III	UC SAN DIEGO FOUNDATI Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	, contributions to o the year from any ons completing Par	one contributor. Out III, enter the total	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
	Use duplicate copies of Part III if addit			,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is hold
Part I	(b) Furpose of gift			(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf	-	hip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	and ZIP + 4	Relations	hip of transferor to transferee
JSA				Schedule B (Form 990) (2021)

SCHEE	DULE D
(Form	990)

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

Attach to Form 990

G

OMB No. 1545-0047

	artment of the Treasury nal Revenue Service	► Go to www.irs.gov	Form990 for instructions and	d the latest inforn	nation.	Inspection
	e of the organization				Employer identific	
UC	SAN DIEGO FOU	INDATION			95-2872	494
Pa	rt I Organiza	tions Maintaining Donor Adv	vised Funds or Other Sim	nilar Funds or		
		e if the organization answered	"Yes" on Form 990, Par	t IV, line 6.		
			(a) Donor advised f	unds	(b) Funds and	d other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizat	ion inform all donors and donor	r advisors in writing that th	ne assets held	in donor advised	
	funds are the orga	inization's property, subject to the	e organization's exclusive le	gal control?		Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writin	ng that grant fu	unds can be used	
		e purposes and not for the bene			• • •	
		issible private benefit?				Yes No
Pa		tion Easements.				
		e if the organization answered				
1		servation easements held by the	· · ·			
		n of land for public use (for example	e, recreation or education)		of a historically in	•
		of natural habitat		Preservation	of a certified histo	oric structure
~		n of open space	ald a surger of a state of a stat		the former of a second	
2		through 2d if the organization h	eid a qualified conservatior	n contribution in		End of the Tax Year
_		last day of the tax year.				
a ⊾		onservation easements			2a	
b		tricted by conservation easement			2b 2c	
c d		vation easements on a certified rvation easements included in (20	
u		isted in the National Register			2d	
3		rvation easements modified, tra				anization during the
5	tax year ►		insterred, released, extingu		indica by the org	anization during the
4	•	where property subject to conse	ervation easement is located	•		
5		ation have a written policy re				
-	-	orcement of the conservation ea			-	Yes No
6		hours devoted to monitoring, insp				
-	•			,		
7	Amount of expens	es incurred in monitoring, inspec	ting, handling of violations, a	and enforcing co	onservation easen	nents during the year
	▶\$			0		0,
8	Does each conser	vation easement reported on line	2(d) above satisfy the requir	ements of section	on 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9		be how the organization reports				nt and
		d include, if applicable, the text of		ization's financi	ial statements that	describes the
		counting for conservation easeme				
Pa		tions Maintaining Collections			r Similar Assets	i.
	•	e if the organization answered				
1a	If the organization of art, historical service provide in	n elected, as permitted under Fa treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to repo ets held for public exhibitions to its financial statements to	rt in its revenue on, education, bat describes th	e statement and or research in fr pese items	balance sheet works urtherance of public
b		n elected, as permitted under F				ance sheet works of
~	art, historical trea provide the follow	sures, or other similar assets he ing amounts relating to these ite	eld for public exhibition, ed ms:	ucation, or res	earch in furtherar	ce of public service,
		ded on Form 990, Part VIII, line ²				i
		d in Form 990, Part X				i
2	If the organizatio	n received or held works of a	rt, historical treasures, or	other similar a	assets for financi	al gain, provide the
		s required to be reported under F				
a	Revenue included	on Form 990, Part VIII, line 1			🕨 🕏	·
b	Assets included in	⊢orm 990, Part X			🏲 💲	

Schedule D (Form 9	90) 2021
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Schee		SAN DIEGO FOU				872494	Page 2
Ра	rt III Organizations Maintaini	ing Collections of	Art, Historical Tre	asures, or Oth	er Similar Assets (continued,)
3	Using the organization's acquisition collection items (check all that app		other records, check	c any of the foll	owing that make sig	nificant use	e of its
а	Public exhibition		d 🔄 Loan d	or exchange prog	Iram		
b	Scholarly research		e Other				
С	Preservation for future gene						
4	Provide a description of the organ XIII.	nization's collections	s and explain how t	hey further the	organization's exemp	t purpose	in Part
5	During the year, did the organization	on solicit or receive o	donations of art, histo	orical treasures,	or other similar		
	assets to be sold to raise funds rath	her than to be mainta	ained as part of the o	organization's co	llection?	Yes	No
Ра	rt IV Escrow and Custodial A	•					
	Complete if the organiza 990, Part X, line 21.					nt on Forn	n
1a	Is the organization an agent, trus		-		-		
	included on Form 990, Part X?				L	Yes	X No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the following tak	ole:			
					Amount		
С	Beginning balance						
d	Additions during the year						
e	Distributions during the year						
f	Ending balance						
2a	Did the organization include an am					X Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	nas been provide			
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "Ve	es" on Form 990 E	Part IV/ line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	are back
1a	Beginning of year balance	1,290,705,714.	916,652,419.	820,562,817.	765,319,881.	645,783	
b	Contributions	77,668,484.	84,599,071.	92,396,452.	34,531,188.	96,716	,909.
С	Net investment earnings, gains,	-106 414 604	215 565 766	12 012 720	E2 107 400	10 57/	1 1 2 0
	and losses	-106,414,604. 40,384,279.	315,565,766.	43,942,729. 40,252,412.	52,187,489.	49,574	
d	Grants or scholarships	40,304,279.	26,108,580.	40,252,412.	51,472,550.	20,735	, 561.
е	Other expenditures for facilities						
	and programs	45,681.	2,962.	-2,833.	3,185.	10	9,402.
f	Administrative expenses	1,221,529,634.	1,290,705,714.	916,652,419.	820,562,817.	765,319	
g 2	End of year balance Provide the estimated percentage			1			
2 a	Board designated or quasi-endown			column (a)) neiu	as.		
b	Permanent endowment > 78.6		_				
с	Term endowment ► 19.3200						
	The percentages on lines 2a, 2b, a	and 2c should equal	100%.				
3a	Are there endowment funds not in	the possession of the	ne organization that	are held and adı	ministered for the		
	organization by:					Ye	s No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations					3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?		3b	
4	Describe in Part XIII the intended						
Ра	rt VI Land, Buildings, and Equ Complete if the organiz	uipment.	os" on Form 000	Dart IV/ line 11	Soo Form 000 Pr	art X lino '	10
	Description of property					I) Book value	
		(inves			epreciation	, 2001 Value	
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment.						
e	Other	<u></u>					
Tota	I. Add lines 1a through 1e. (Columr	n (d) must equal Forr	n 990, Part X, colum	n (B), line 10c.)			

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	"Vaa" op Earm 000	Part IV line 11h See Form 000 Part V	line 12
· · ·		, Part IV, line 11b. See Form 990, Part X,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) BALANCED INVESTMENT FUNDS	872,801,110.	FMV	
(B) SHORT TERM INVESTMENTS	180,227,915.	FMV	
(C) REAL ESTATE INVESTMENT FUNDS	9,925,361.	FMV	
(D)			
(E)			
(F)			
(G)			
(H)	1 000 054 000		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,062,954,386.		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
· · · · ·		, Part IV, line 11d. See Form 990, Part X,	
	scription	(b) B	ook value
<u>(1)</u>			
(2)			
(3)			
(4)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li Part X Other Liabilities.	· · · · ·		
Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, F	Part X,
1. (a) Descrip	tion of liability	(b) B	ook value
(1) Federal income taxes			
(2)DEFERRED INFLOWS		61,	551,402.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).		▶ 61,	551,402.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedu	le D (Form 990) 2021 UC SAN DIEGO FOUNDATION	95-	-2872494	Page 4
Part		า.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	85,277,	705.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e -	-131,154,8	884.
3	Subtract line 2e from line 1	3	216,432,	589.
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			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	216,432,	589.
Part		ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1	
1	Total expenses and losses per audited financial statements	1	126,283,8	855.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	126,283,8	855.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
с	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	126,283,8	855.
Part	XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

PART IV, LINE 2B

EXPLANATION OF ESCROW ACCOUNT LIABILITY

THE FOUNDATION ACTS AS TRUSTEE FOR VARIOUS CHARITABLE REMAINDER TRUSTS AND ISSUES GIFT ANNUITIES UNDER ITS CHARITABLE GIFT ANNUITY LICENSE WITH THE STATE OF CALIFORNIA DEPARTMENT OF INSURANCE. THE FOUNDATION ALSO HAS AN AGENCY RELATIONSHIP WITH BOTH THE UC SAN DIEGO ALUMNI ASSOCIATION AND THE SANFORD CONSORTIUM FOR REGENERATIVE MEDICINE TO HOLD AND INVEST FUNDS. BOTH ORGANIZATIONS ARE RELATED TO UC SAN DIEGO.

PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE PAYOUT PROVIDED BY THE FOUNDATION'S ENDOWMENT FUNDS IS GRANTED TO THE UNIVERSITY OF CALIFORNIA SAN DIEGO IN ACCORDANCE WITH DONOR RESTRICTIONS, FOR USE IN SUPPORT OF ITS PROGRAMS, AS NOTED IN PART III OF THE 990.

PART XI LINE 2D

Schedule D (Form 990) 2021	UC SAN DIEGO FOUNDATION		95-2872494	Page 5
Part XIII Supplemental Inf	ormation (continued)			
REVENUE ON BOOK NOT OF	N RETURN			
OTHER INCOME		1		
CHANGE IN SURRENDER VA	ALUE OF LIFE INSURANCE CONTRACTS	584		
NONOPERATING INCOME		60,000		
			-	
TOTAL		\$60,585		

SCHEDULE F	Statement of Activities Outside the United St	OMB No. 1545-0047 2021 Open to Public Inspection	
(Form 990) Department of the Treasury Internal Revenue Service	 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 14 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 		
Name of the organization		Employer ider	ntification number
UC SAN DIEGO FOU	NDATION	95-287	2494
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	on answered "Yes" on
-	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	eria used to	

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		4,340,515.
(2) NORTH AMERICA			INVESTMENTS		NONE
_(3)					
_ (4)					
_ (5)					
(6)					
_(7)					
_ (8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(</u> 14)					
<u>(</u> 15)					
<u>(</u> 16)					
<u>(17)</u>					
 3a Subtotal b Total from continuation sheets to Part I 					4,340,515.
c Totals (add lines 3a and 3b)		a for Form 000		Coboduit	4,340,515.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 1E1274 1.000

3

Part II

(a) Name of

organization

1

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities.....

(b) IRS code

section and EIN (if applicable)

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
<u>(15)</u>							
(16)							
2 Enter total number of re	cipient organizations listed at	oove that are recognized a	as charities by	the foreign country	, recognized	as a tax	

Schedule F (Form 990) 2021 UC SAN DIEGO FOUNDATION Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

(d) Purpose of

grant

40

Schedule F (Form 990) 2021

Page 2

(i) Method of

valuation (book, FMV,

appraisal, other)

(h) Description

of noncash

assistance

9	5-2	287	24	94

(f) Manner of

cash disbursement

(g) Amount of

noncash

assistance

(e) Amount of

cash grant

Schedule F (Form 990) 2021

Part III

UC SAN DIEGO FOUNDATION Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

95-2872494

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
5)							
6)							
7)							
18)							

Schedule F (Form 990) 2021

Foreign Forms

Part IV

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X	No

Schedule F (Form 990) 2021

	EDULE G m 990)		Information Re the organization answer organization entered r	red "Yes" on	Form 990, F	Part IV, line 17, 18, or 1	-	OMB No. 1545-0047
	tment of the Treasur	y D	► Attach Go to www.irs.gov/Form	to Form 990 990 for instr				Open to Public Inspection
-	al Revenue Service of the organization						Employer identificati	
	SAN DIEGO F						95-28724	
Par		sing Activities. Com	plete if the organi	ization an	swered "	Yes" on Form 99		
	Form 99	0-EZ filers are not re	equired to comple	te this pa	rt.			
1	Indicate wheth	ner the organization ra	ised funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solic	itations	е			non-government g		
b		nd email solicitations	f			government grant	S	
c			g		cial fundra	ising events		
d	·	solicitations						
	or key employ If "Yes," list th	zation have a written o rees listed in Form 990 e 10 highest paid ind at least \$5,000 by the	D, Part VII) or entity ividuals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
		ddress of individual (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
0								
7								
8								
9								
10								
Total 3 		in which the organiza licensing.				contributions or	has been notified	I it is exempt from

Schedule G (Form 990) 2021UC SAN DIEGO FOUNDATION95-287												
Part II												
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with											
	gross receipts greater th	an \$5,000.										
		(a) Eve	ent #1	(b) Event #2	(c) Other events	(d) Total eve	ents					
		SEE SCHE	EDITLE O		NONE	(add col. (a) th						

			SEE SCHEDULE O (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,291,247.		NONE	1,291,247.
Re	2	Less: Contributions Gross income (line 1 minus	1,187,920.		NONE	1,187,920.
	_	line 2)	103,327.		NONE	103,327.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lin	ies 4 through 9 in colu	ımn (d)	►	
	11	Net income summary. Subtract li	ne 10 from line 3, colu	umn (d)	<u> </u>	103,327
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	janization answered " າe 6a.	Yes" on Form 990, P	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses		Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes %	6 Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	ımn (d)	►	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	.	
9 a k	1	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	s?	. Yes No
10a		Were any of the organization's gaming	g licenses revoked, sus	pended, or terminated du	ring the tax year?	Yes No
k)	If "Yes," explain:				

 b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	872494	Page 3
formed to administer charitable gaming? Indicate the percentage of gaming activity conducted in: 13 The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	Yes	No
13 Indicate the percentage of gaming activity conducted in: 13a a The organization's facility		
a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	Yes	No
b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶		
b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶		%
Address ▶		
 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
revenue?		·
 b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶		
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶	Yes	No
 c If "Yes," enter name and address of the third party: Name ►		
 c If "Yes," enter name and address of the third party: Name ►		
Address ▶		
 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		
Name ▶		
Gaming manager compensation ►\$ Description of services provided ► Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
Description of services provided ► Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		
 Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 		
 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 		·
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 		
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 		
 retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$)	
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 		No
or spent in the organization's own exempt activities during the tax year > \$		
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform (see instructions).		

SCHEDULE I (Form 990)		nts, and Ir	Assistance t ndividuals in	n the Unite	d States	-	OMB No. 1545-0047
	Complete if the of	-	ttach to Form 990		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	► Go		/Form990 for the I		n.		Inspection
Name of the organization		_				Employer identifica	tion number
UC SAN DIEGO FOUNDATION						95-287249	1
Part I General Information on Gra	ants and Assistanc	9					
 Does the organization maintain reco the selection criteria used to award a Describe in Part IV the organization' Part II Grants and Other Assistant 	the grants or assistanc s procedures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No
Part IV, line 21, for any rec							
1 (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) REGENTS OF THE UNIVERSITY OF CALIFORM	JIA						
9500 GILMAN DR. MC 0940 LA JOLLA, CA 9209	93 95-6006144	501(C)(3)	125,234,308.		N/A	N/A	SUPPORT UNIV. PROG.
(2) THEATER & ARTS FOUNDATION OF SAN DIEC	30						
PO BOX 12039 LA JOLLA, CA 92039	95-1941117	501(C)(3)	60,675.		N/A	N/A	SUPPORT OF PROGRAMS
_(3)							
(4)							
(5)							
(6)							
_(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)3 Enter total number of other organiza	.,	•					2

UC SAN DIEGO FOUNDATION

95-2872494

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	other additional

SCHEDULE I, PART I, LINE 2

THE FOUNDATION TRANSFERS MONIES TO UC SAN DIEGO, WHICH ASSUMES FIDUCIARY

RESPONSIBILITY FOR ACTUAL DISBURSEMENT. SEE SCHEDULE O, PART IX, LINE 1

FOR FURTHER DETAILS.

THE FOUNDATION ALSO TRANSFERS MONIES TO THE THEATER & ARTS FOUNDATION OF

SAN DIEGO COUNTY DBA LA JOLLA PLAYHOUSE FROM AN ENDOWMENT HELD FOR THE

BENEFIT OF JOINT PROGRAMS OF UC SAN DIEGO AND THE LA JOLLA PLAYHOUSE.

Page 2

SCH	EDULE J	Compen	sation Information	0	MB No. ²	1545-0	047
(Forn	n 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest		എത	91	
			npensated Employees on answered "Yes" on Form 990, Part IV, line 2:	3.	ZU		
	nent of the Treasury	▶.	Attach to Form 990.	C	pen to		
	Revenue Service of the organization	Go to www.irs.gov/Forms	990 for instructions and the latest information.	Employer identificatio			n
		FOUNDATION		95-287249		•	
Part		is Regarding Compensation		95-207249	7		
T art						Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a perso	on listed on Form			
			provide any relevant information regarding				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of person				
		emnification and gross-up payments	Health or social club dues or initiation				
	Discretio	onary spending account	Personal services (such as maid, cha	uffeur, chef)			
		have a line de ser shart of side th		·····			
b	or reimburse	boxes on line 1a are checked, did the existence of provision of all of the existence of all of the existence of a second	e organization follow a written policy repenses described above? If "No," com	garding payment			
					1b		
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all			
	directors, trus	stees, and officers, including the CEO	D/Executive Director, regarding the items	checked on line			
	1a?				2		
3	Indicate which	h, if any, of the following the organization	on used to establish the compensation of the	ne			
			at apply. Do not check any boxes for method				
	related organ	ization to establish compensation of the	e CEO/Executive Director, but explain in Pa	rt III.			
	Comper	nsation committee	Written employment contract				
	Indepen	dent compensation consultant	Compensation survey or study				
	Form 99	90 of other organizations	Approval by the board or compensat	ion committee			
4	During the ye	ar, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to	the filing			
	organization of	or a related organization:		-			
а			ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С			ed compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	ovide the applicable amounts for each ite	em in Part III.			
	-	501(c)(3), 501(c)(4), and 501(c)(29) or					
5			on A, line 1a, did the organization pay	or accrue any			
		n contingent on the revenues of:			-		
					5a		X
b	-	-			5b		X
~		e 5a or 5b, describe in Part III.	and line de slid the energiastice as				
6	-		on A, line 1a, did the organization pay	or accrue any			
_		n contingent on the net earnings of:			6.		77
a k					6a		X
b	-	e 6a or 6b, describe in Part III.			6b		X
-				de en contra de la			
7			n A, line 1a, did the organization provi escribe in Part III		7		x
8			paid or accrued pursuant to a contract tha		-		<u></u>
0			Regulations section 53.4958-4(a)(3)? If				
		-			8		x
9			ow the rebuttable presumption procedu				
					9		
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 99	0) 2021

UC SAN DIEGO FOUNDATION

95-2872494

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
A. SPIRA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
1 EXECUTIVE VICE PRESIDENT	(ii)	320,470.	5,000.	NONE	62,864.	31,440.	419,774.	NONE	
M. CRUZ	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
2 VICE PRESIDENT	(ii)	311,625.	5,000.	NONE	65,478.	29,901.	412,004.	NONE	
D. HUNSINGER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
3 VICE PRESIDENT	(ii)	307,248.	5,000.	NONE	43,332.	14,123.	369,703.	NONE	
M. SHAVER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
4 CHIEF FINANCIAL OFFICER	(ii)	259,983.	5,000.	NONE	59,532.	11,573.	336,088.	NONE	
S. NARUCKI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
5 TRUSTEE/FACULTY REPRESENTATIVE	(ii)	187,596.	NONE	NONE	44,054.	29,352.	261,002.	NONE	
V.BAYTCHEV	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
6 INVESTMENT OPERATIONS MANAGER	(ii)	117,023.	3,000.	NONE	25,408.	5,005.	150,436.	NONE	
K.SYKES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
7 CONTROLLER	(ii)	112,980.	5,000.	NONE	27,615.	22,079.	167,674.	NONE	
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2021

Part ||| Supplemental Information

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

PART III - ADDITIONAL INFORMATION

COMPENSATION FROM RELATED ORGANIZATIONS:

ALL UC SAN DIEGO FOUNDATION STAFF ARE EMPLOYEES OF THE UNIVERSITY OF

CALIFORNIA AND RECEIVE SALARY AND BENEFITS FROM THE UNIVERSITY.

COMPENSATION DECISIONS FOR ALL EMPLOYEES ARE MADE BY THE UNIVERSITY OF

CALIFORNIA FOLLOWING THE UNIVERSITY'S ESTABLISHED POLICIES. ALL

COMPENSATED INDIVIDUALS LISTED IN PART VII OF THE FORM 990 ARE FULL TIME

EMPLOYEES OF THE UNIVERSITY.

PART I QUESTIONS REGARDING COMPENSATION

ALL COMPENSATION AND BENEFITS OF ALL UNIVERSITY OF CALIFORNIA PERSONNEL, INCLUDING THOSE PERFORMING UC SAN DIEGO FOUNDATION RELATED WORK ARE DETERMINED BY WRITTEN UNIVERSITY OF CALIFORNIA AND UC SAN DIEGO CAMPUS POLICIES. ALL EXPENDITURES, REIMBURSEMENTS AND OTHER PAYMENTS ARE INCURRED BY THE CAMPUS AND NOT BY THE FOUNDATION DIRECTLY, PURSUANT TO

UC SAN DIEGO FOUNDATION

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.

WRITTEN POLICIES.

LINE 1A: UNIVERSITY OF CALIFORNIA AND UC SAN DIEGO POLICIES DO NOT

PERMIT THE ITEMS LISTED IN 1A TO BE PAID UNLESS BY A SPECIFIC EXCEPTION

PROCESS. HOUSING IS PROVIDED BY THE UC SAN DIEGO CAMPUS FOR CHANCELLORS.

LINE 2: BY UNIVERSITY OF CALIFORNIA/UC SAN DIEGO POLICY ALL EXPENSE

REIMBURSEMENTS TO ANY EMPLOYEE, OFFICER OR DIRECTOR MUST BE

SUBSTANTIATED.

LINE 3: THE COMPENSATION OF THE FOUNDATION PRESIDENT IS DETERMINED BY UNIVERSITY OF CALIFORNIA POLICY AND BY THE APPROVAL OF THE REGENTS, AS NECESSARY.

LINE 4: NO ONE LISTED ON FORM 990, PART VII, SECTION A RECEIVED ANY OF THE PAYMENTS LISTED IN LINE 4A-C.

LINES 5, 6, 7: COMPENSATION IS NOT PAID BY UC SAN DIEGO BASED ON REVENUE

Page 3

UC SAN DIEGO FOUNDATION

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.

OR NET EARNINGS OF EITHER THE FOUNDATION OR THE CAMPUS IN ANY MANNER.

LINE 8: UNIVERSITY OF CALIFORNIA/UC SAN DIEGO DO NOT MAKE PAYMENTS

RELATED TO THIS REGULATION SECTION.

IT IS A CONDITION OF EMPLOYMENT THAT CHANCELLORS LIVE IN UNIVERSITY OWNED

OR PROVIDED HOUSING. THE VALUE OF THE CHANCELLOR'S HOUSING IS NOT

INCLUDED AS A PART OF TAXABLE COMPENSATION.

PART II - OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST

COMPENSATED EMPLOYEES

SEE ADDITIONAL SUPPLEMENTAL INFORMATION REGARDING COMPENSATION ON

SCHEDULE O.

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

2021 **Open to Public** Inspection

Name of the organization

Employer identification number

	SAN DIEGO FOUNDATION				95	5-2872494			
Par	t Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributic amounts reported o Form 990, Part VIII, lin	n	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		84	10,360,32	9. E	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests	Х	1	5,000,00	0. E	FMV			
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential		4	2,925,00	0. E	FMV			
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►(PLANNED GIFT)	Х	1	66,67	'4. E	ESTIMATED	FMV		
26	Other ►(RAFFLE/AUCTION)	Х	2	108,67	'7. E	ESTIMATED	FMV		
27	Other ▶()								
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions	for				
	which the organization completed F					29			1
								Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I,	lines	1 through			
	28, that it must hold for at least the	nree years f	rom the date of the initial	contribution, and whi	ich isr	n't required			
	to be used for exempt purposes for	the entire h	olding period?				30a		Х
b	If "Yes," describe the arrangement i	n Part II.							
31	Does the organization have a		ance policy that require	es the review of a	any no	onstandard			
	contributions?						31	Х	
32a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process,	or se	ell noncash			
	contributions?	-	-	-			32a	Х	
b	If "Yes," describe in Part II.								
~~									

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) 2021

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

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

RECEIVED FROM CONTRIBUTORS.

SCHEDULE M, PART I, LINE 32B

THE UC SAN DIEGO FOUNDATION USES CARS2CHARITIES TO PROCESS VEHICLE DONATIONS. ADDITIONALLY, REAL ESTATE AGENTS ARE ENGAGED TO SELL GIFTS OF REAL PROPERTY.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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



Department of the Treasury Internal Revenue Service

Employer identification number

FORM 990, PART III

UC SAN DIEGO FOUNDATION

EXPLANATORY INFORMATION RELATED TO UCSD FOUNDATION STRUCTURE: THE UC SAN DIEGO FOUNDATION IS ORGANIZED AND OPERATED SOLELY FOR THE SUPPORT OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO CAMPUS.

EMPLOYEES, SALARY AND BENEFITS:

ALL COMPENSATION REPORTED IN THE FORM 990 AND SUPPORTING SCHEDULES IS ON A CALENDAR YEAR BASIS PURSUANT TO THE INSTRUCTIONS TO FORM 990.

ALL UC SAN DIEGO FOUNDATION STAFF ARE EMPLOYEES OF THE UNIVERSITY OF CALIFORNIA AND RECEIVE SALARY AND BENEFITS FROM THE UNIVERSITY. COMPENSATION DECISIONS FOR ALL EMPLOYEES ARE MADE BY THE UNIVERSITY OF CALIFORNIA FOLLOWING THE UNIVERSITY'S ESTABLISHED POLICIES. ALL COMPENSATED INDIVIDUALS LISTED IN PART VII OF THE FORM 990 ARE FULL TIME EMPLOYEES OF THE UNIVERSITY. THE HOURS DISCLOSED ARE THE ESTIMATED HOURS THE EMPLOYEE SPENDS SOLELY ON FOUNDATION BUSINESS. UC SAN DIEGO FOUNDATION EMPLOYEES ARE ALSO ELIGIBLE TO PARTICIPATE IN THE UC RETIREMENT 403(B) AND 457(B) PLANS WHICH ARE MANAGED BY THE REGENTS OF THE UNIVERSITY OF CALIFORNIA.

FORM 990, PART III, LINE 4B AND PART IX, LINE 24C

OPERATING EXPENSES:

THE TOTAL UC SAN DIEGO FOUNDATION OPERATING COSTS, INCLUDING IMPUTED FACILITY COSTS, ARE SHOWN ON SCHEDULE A PART II SECTION A LINE 3. THE UC SAN DIEGO FOUNDATION'S OPERATING COSTS, SPACE AND FACILITY NEEDS ARE PROVIDED BY THE UC SAN DIEGO CAMPUS, AS ITS PRIMARY SUPPORTING

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service Name of the organization

UC SAN DIEGO FOUNDATION

ORGANIZATION IN COMPLIANCE WITH UNIVERSITY OF CALIFORNIA POLICY. THE FOUNDATION HAS AN AGREEMENT WITH THE CAMPUS TO ENSURE THAT THE CAMPUS HAS RESOURCES TO PROVIDE FOR THE FOUNDATION'S OPERATING COSTS. THE FOUNDATION GRANTS THE INVESTMENT INCOME FROM ITS CURRENT USE FUNDS TO THE CAMPUS ANNUALLY FOR THIS PURPOSE. ANY EXCESS INCOME IS USED BY THE CAMPUS TO COVER OTHER FUNDRAISING COSTS.

FORM 990, PART III, LINE 4D

MEMBERSHIP INCOME:

MEMBERSHIP INCOME TO BENEFIT UC SAN DIEGO.

FORM 990, PART VI, LINE 2

FAMILY OR BUSINESS RELATIONSHIPS:

CHAIR J. SILBERMAN AND TRUSTEE D. OLIVER HAVE A BUSINESS RELATIONSHIP.

TRUSTEE S. WOLFE'S DAUGHTER INLAW IS AN EMPLOYEE OF UC SAN DIEGO.

TRUSTEE P. EPSTEIN'S DAUGHTER IS AN EMPLOYEE OF UC SAN DIEGO.

TRUSTEE A. REED'S DAUGHTER IS AN EMPLOYEE OF UC SAN DIEGO.

TRUSTEE S. TIMMONS IS A NON-VOTING MEMBER OF THE UC BOARD OF REGENTS.

TRUSTEE S. TIMMONS' SON IS AN EMPLOYEE OF UC SAN DIEGO.

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS:

THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE FOUNDATION'S BOARD. DURING SUCH REVIEW, THE COMMITTEE HAD THE OPPORTUNITY TO ASK QUESTIONS OF ACCOUNTING STAFF AND THE ACCOUNTING FIRM PREPARING THE RETURN. THE FORM 990 WAS THEN PROVIDED TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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



95-2872494

Department of the Treasury Internal Revenue Service Name of the organization

UC SAN DIEGO FOUNDATION

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS:

THE UC SAN DIEGO FOUNDATION REQUIRES A CONFLICT OF INTEREST CERTIFICATION FORM FROM EACH TRUSTEE ANNUALLY WHICH DISCLOSES POTENTIAL CONFLICTS ORLACK THERE OF. THE REPLIES ARE REVIEWED BY THE CORPORATE SECRETARY AND CHIEF FINANCIAL OFFICER. IF A CONFLICT DOES EXIST, THE IMPACTED TRUSTEE RECUSES THEMSELVES FROM VOTING ON THAT MATTER.

FORM 990, PART VI, LINE 19

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE:

FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

FORM 990, PART VIII, LINE 1

CONTRIBUTION REVENUE:

THE UC SAN DIEGO FOUNDATION SOLICITS GIFTS IN CONJUNCTION WITH THE DEVELOPMENT OFFICE OF THE UC SAN DIEGO CAMPUS, ITS FACULTY, AND ITS VOLUNTEERS. THE UC SAN DIEGO FOUNDATION IS THE PRIMARY RECIPIENT OF DONATIONS RECEIVED TO SUPPORT UC SAN DIEGO. GIFTS PROCESSED BY THE UC SAN DIEGO FOUNDATION INCLUDE 100% TAX DEDUCTIBLE DONATIONS PLUS MEMBERSHIP AND SPECIAL EVENT PROCEEDS IN WHICH A PORTION OF THE CONTRIBUTIONS RECEIVED MAY INCLUDE QUID PRO QUO ITEMS. THE FOUNDATION DISCLOSES THE VALUE OF ANY BENEFITS RETURNED TO DONORS FOR THEIR CONTRIBUTIONS BOTH ATTHE TIME OF SOLICITATION AND ON THE WRITTEN ACKNOWLEDGEMENT.

FORM 990, PART IX, LINE 1

GRANTS TO CAMPUS:

PER UNIVERSITY OF CALIFORNIA SYSTEM WIDE POLICIES, CONTRIBUTIONS AND ENDOWMENT PAYOUT RECEIVED BY CAMPUS FOUNDATIONS MUST BE EXPENDED FOR THE

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer identification number

95-2872494

Department of the Treasury Internal Revenue Service

UC SAN DIEGO FOUNDATION

PURPOSE GIVEN DIRECTLY BY THE CAMPUS AND NOT BY THE CAMPUS FOUNDATION. ACCORDINGLY, CONTRIBUTIONS AND ENDOWMENT PAYOUT ARE TRANSFERRED TO THE UC SAN DIEGO CAMPUS AS GRANTS, WHEN REQUESTED BY THE BENEFITING CAMPUS UNIT, OR BY THE LA JOLLA PLAYHOUSE FOR ITS JOINT PROGRAMS WITH UC SAN DIEGO. THE CAMPUS THEN EXPENDS THE FUNDS FOR THE PURPOSES THE GIFTS WERE GIVEN, SUCH AS SCHOLARSHIPS AND FELLOWSHIPS, RESEARCH, SPECIAL EVENT COSTS, ETC. THEREFORE, ALL EXPENDITURES OF GIFT FUNDS ARE INCURRED BY THE CAMPUS WITHIN THE UNIVERSITY'S ACCOUNTING SYSTEM AND ARE NOT REFLECTED ON THE FOUNDATION'S ACCOUNTING RECORD.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

OTHER INCOME	3
CHANGE IN SURRENDER VALUE OF LIFE INSURANCE CONTRACTS	584
NONOPERATING INCOME	60,000

TOTAL

\$60,587

SCHEDULE G, PART II, (A)

GRANTS TO CAMPUS:

PER UNIVERSITY OF CALIFORNIA SYSTEM WIDE POLICIES, CONTRIBUTIONS AND ENDOWMENT PAYOUT RECEIVED BY CAMPUS FOUNDATIONS MUST BE EXPENDED FOR THE PURPOSE GIVEN DIRECTLY BY THE CAMPUS AND NOT BY THE CAMPUS FOUNDATION. ACCORDINGLY, CONTRIBUTIONS AND ENDOWMENT PAYOUT ARE TRANSFERRED TO THE UC SAN DIEGO CAMPUS AS GRANTS, WHEN REQUESTED BY THE BENEFITING CAMPUS UNIT, OR BY THE LA JOLLA PLAYHOUSE FOR ITS JOINT PROGRAMS WITH UC SAN DIEGO. THE CAMPUS THEN EXPENDS THE FUNDS FOR THE PURPOSES THE GIFTS WERE GIVEN,

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Department of the Treasury Internal Revenue Service

SUCH AS SCHOLARSHIPS AND FELLOWSHIPS, RESEARCH, SPECIAL EVENT COSTS, ETC.

THEREFORE, ALL EXPENDITURES OF GIFT FUNDS ARE INCURRED BY THE CAMPUS

WITHIN THE UNIVERSITY'S ACCOUNTING SYSTEM AND ARE NOT REFLECTED ON THE

FOUNDATION'S ACCOUNTING RECORD.

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Schedule O (Form 990 or 990-EZ) 2021				Page 2
Name of the organization		Employer identification number		
UC SAN DIEGO FOUNDATION	95-2872494			
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES				
	ENDING		COST	
DESCRIPTION	BOOK VA	LUE	OR FMV	
VARIOUS MUTUAL FUNDS & ETFS	373,658	,747.	FMV	
US GOVT & ASSET BACKED BONDS	3,846	,099.	FMV	
VARIOUS EQUITY SECURITIES	630	,555.	FMV	

TOTALS

378,135,401.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

UC SAN DIEGO FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)	_				
(5)	-				
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) rolled
						Yes	No
(1) REGENTS OF THE UNIV OF CA AT SAN DIEGO 95-6006144							
9500 GILMAN DR. MC 0940 LA JOLLA, CA 92093	EDUCATION	CA	501(C)(3)	6	STATE OF CA		х
(2) REGENTS OF THE UNIVERSITY OF CALIFORNIA 94-3067788							
1111 FRANKLIN STREET OAKLAND, CA 94607	EDUCATION	CA			STATE OF CA		х
(3)	-						
(4)	-						
(5)	-						
(6)	-						
(7)	-						

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

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

95-2872494

JSA

UC SAN DIEGO FOUNDATION

95-2872494

Page **2**

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

because it had one of	-		13 ii caicu as a p		-													
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportional allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			managing		General or managing		General or managing		(k) Percentage ownership
				,			Yes	No		Yes	No							
(1)	-																	
(2)	-																	
(3)	-																	
(4)	-																	
(5)	-																	
(6)	-																	
(7)	-																	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
								Yes No
(1) CHARITABLE REMAINDER TRUSTS (4)								
9500 GILMAN DR. MC0940 LA JOLLA, CA 92093-0940	CHARITABLE TR	CA	N/A	Т				x
(2)								
(3)								
(4)								
(5)								
(6)								

Schedule R (Form 990) 2021

Page 3

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 organization	ns listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		Х
	Gift, grant, or capital contribution to related organization(s)		1b	Х	
	Gift, grant, or capital contribution from related organization(s).		1c		Х
	Loans or loan guarantees to or for related organization(s)		1d		Х
е	Loans or loan guarantees by related organization(s)		1e		Х
f			1f		X
g	Sale of assets to related organization(s)		1g		
h	Purchase of assets from related organization(s)		1h	Х	
i	Exchange of assets with related organization(s).		1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)		1 j		X
k	Lease of facilities, equipment, or other assets from related organization(s)		1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)		11		X
	n Performance of services or membership or fundraising solicitations by related organization(s).		1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		
0	Sharing of paid employees with related organization(s)		10	Х	
р	Reimbursement paid to related organization(s) for expenses.		1p		X
q	Reimbursement paid by related organization(s) for expenses		1q		X
r	Other transfer of cash or property to related organization(s)		1r 1s		X X
<u> </u>	Other transfer of cash or property from related organization(s). 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 thr	-		_ X_
	(a) (b)		(d)	э.	
	Name of related organization Transaction Transaction	Amount involved Method	of det		ng
	type (a-s)	amo	unt inv	olved	
(1)					
(.)					
(2)					
(3)					
<u> (-)</u>					
(4)					
(5)					
(6)					

Schedule R (Form 990) 2021

JSA

95-2872494

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) , address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	from tax under	sec 501(organiz	tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging ner?	ownership
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
	-												
													+
			(state or foreign country)	(state or foreign country) income (related, income (related, sections 512 - 514)	(state or foreign country) income (related, soluted; 501) organize (related, sections 512 - 514)	(state or foreign country) income (related, sections 512 - 514) sections (sections 512 - 514) sections (sections 512 - 514)	(state or foreign country) income income section	(state or foreign country) income (related, excluded from tax under sections 512 - 514) Section (state or foreign country) Iotal income sections 2012 - 514) Iotal income sections 2012 - 514)	(state or foreign country) informe (related, excluded inform tax under sections 512-514) informe (relation, section organizations) informe (relation, section organization) informe (relation, section) informe (relation, section) informe (relation, section) inforelation, section, section, section) informe (relat	$\left \begin{array}{c c c c c c c c c c c c c c c c c c c $	Income (relate or foreign county) Income (related, due) income (related, due)<	Inclusion (related, country) Inclusion (related, country)	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$

Schedule R (Form 990) 2021