Form	990

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

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

Department of the Treasury

Do not enter Social Security numbers on this form as it may be made public. the should be an end it is in structions in structure in structure and the second •

OMB No. 1545-0047 Open to Public

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AF	or th	he 2022 calendar year, or tax year beg	inning 07/01/20	022	and endi	<u> </u>	D Facular 11		/30/20				
Bc	neck if er	c Name of organization					D Employer ide	entifi	cation num	ber			
	_	UC SAN DIEGO FOUNDA'I	FION										
	Addre	ge Doing Business As											
	Name	Number and street (or P.O. box if mail is	s not delivered to street addre	ss)	Room/suite		E Telephone n	umbe	er				
	Initial	I return 9500 GILMAN DRIVE #0					(858)534-1032						
	-	City or town, state or province, country,	, and ZIP or foreign postal coc	le									
	Amer returr	n LA JOLLA, CA 92093-0	)940				G Gross receipt			.0,45	54.		
	_ Applie _ pendi	cation ing <b>F</b> Name and address of principal officer:	C. CHASE				H(a) Is this a grou subordinates	up retu ?	urn for	Yes	χN		
		9500 GILMAN DRIVE #0	)940, LA JOLLA,	CA 9209	3-0940		H(b) Are all subord	inates i	included?	Yes	N		
		xempt status: X 501(c)(3) 501(c) (	) ┥ (insert no.)	4947(a)(1)	or 52	7	If "No," attac	h a lis	st. (see instruc	tions)			
J	Websi	ite: 🕨 FOUNDATION.UCSD.EDU					H(c) Group exemp	otion r	number 🕨				
K	Form	of organization: X Corporation Trust	Association Other	►	L Year o	of formation	on: 1972 <b>M</b>	State	e of legal do	micile:	CA		
Pa	art I	Summary											
	1	Briefly describe the organization's mission	or most significant activitie	es: <u>TO</u> AI	VOCATE_	AND_R	AISE PRIV	VAT	E SUPP	ORT	FOR		
e		THE UNIVERSITY OF CALIFORN	IIA SAN DIEGO, F	OR THE P	PURPOSE	OF IT	<u>.</u>						
Governance		RESEARCH, TEACHING AND PUB	LIC SERVICE MIS	SION.									
ver	2	Check this box 🕨 🔄 if the organization	discontinued its operatio	ns or dispose	ed of more the	an 25%	of its net assets	5.					
ß	3	Number of voting members of the governin	g body (Part VI, line 1a)					3			47		
s S	4	Number of independent voting members of						4			44		
Activities &	5	Total number of individuals employed in ca						5		1	NONE		
tivi	6	Total number of volunteers (estimate if nece						6			44		
Ac	7a	Total unrelated business revenue from Part						7a		34	,142		
		Net unrelated business taxable income from						7b			,519		
			,				Prior Year		Curr	ent Yea			
	8	Contributions and grants (Part VIII, line 1h)				1	96,118,35	60.	184,	299,	814		
nue	9	Program service revenue (Part VIII, line 2g)			Y FOR		116,13				,217		
Revenue	10	Investment income (Part VIII, column (A), lir		PUBLIC IN	NSPECTION		20,094,77		32.	729,			
Ř	11	Other revenue (Part VIII, column (A), lines 5		.)			103,32			274,			
	12	Total revenue - add lines 8 through 11 (mus				2	16,432,58		217	345,			
	13	Grants and similar amounts paid (Part IX, co					25,294,98			607,			
	14	Benefits paid to or for members (Part IX, col						) DNE		0011	NON		
	15	Salaries, other compensation, employee be						ONE			NON		
Expenses		Professional fundraising fees (Part IX, colum						ONE			NON		
per		Total fundraising expenses (Part IX, column						2141			11011		
Щ	17	Other expenses (Part IX, column (A), lines 1					988,87	71		110,	712		
		Total expenses. Add lines 13-17 (must equa	Dert IV column (A) line	25)			26,283,85		169	718,			
	19	Revenue less expenses. Subtract line 18 fro					90,148,73			627,			
r s		Revenue less expenses. Subtract line 10 ho					ing of Current Y			of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)					88,268,16						
Bal	21	Total liabilities (Part X, line 10)		• • • • • •			09,807,32			332,			
und/	22	Net assets or fund balances. Subtract line 2		• • • • • •			78,460,84						
	rt II	Signature Block				1,4	70,400,04	2.	1,030,	400,	039		
		nalties of perjury, I declare that I have examined t	bis return including accom	anvina schedu	ules and state	ments ar	nd to the hest of	mv	knowledge	and he	liof it i		
		ect, and complete. Declaration of preparer (other that						,	linemeage		101, 11 1		
							04/0	<u>י גו</u>	2024				
Sig	n	Signature of officer					Date	/ 20	2024				
Hei		C CHASE		CFO									
		Type or print name and title		CFU									
		Print/Type preparer's name	Preparer's signature		Date			.,	PTIN				
Paid	I						Check			1005			
Prep	oarer	ERICA R MCREYNOLDS	ERICA R MCREYN	NULDS	03/20				P00977				
Jse	Only	Firm's name PWC US TAX LLP					Firm's EIN 🕨		2-0460				
		Firm's address > 2001 MARKET ST., ST.	TE. 1800 PHILADELPHIA,	PA 19103			Phone no.	2	67-330	-300	0		

UC SAN DIEGO FOUNDATION	UC	SAN	DIEGO	FOUNDATION
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For	rm 990 (2022)	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
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	٦
		K No
	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	٦
		K 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 measure expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to complex the amount of grants and allocations the amount	
	the total expenses, and revenue, if any, for each program service reported.	mers,
	the total expenses, and revenue, if any, for each program service reported.	
-		
4a	(Code:) (Expenses \$ 157,115,549. including grants of \$ 157,115,549. ) (Revenue \$ 42,217. )	
	GRANTS IN SUPPORT OF PROGRAMS OF THE UNIVERSITY OF CALIFORNIA, SAN	
	DIEGO: \$74,842,304 FOR RESEARCH RELATED FACULTY SUPPORT,	
	\$58,748,955 FOR GENERAL DEPARTMENT SUPPORT, \$16,531,363 FOR	
	STUDENT AID, \$5,689,974 FOR CAPITAL PROJECT CONSTRUCTION,	
	\$1,302,953 FOR PATIENT CARE.	
4b	(Code:) (Expenses \$11,492,026. including grants of \$11,492,026. ) (Revenue \$)	
	INVESTMENT EARNINGS PROVIDED TO SUPPORT UC SAN DIEGO FOUNDATION'S	
	OPERATING COSTS, AS WELL AS OTHER FUNDRAISING COSTS, BOTH INCURRED	
	BY THE CAMPUS.	
4c	: (Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	I Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	• Total program service expenses 168,607,575.	
JSA		(2022)
2⊏1	1020 1.000 4101MJ M015 V22-7.11	. /

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	-		
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I.	6		X
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	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
~	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more		21	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		x
٦		110		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
t	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			- 23
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		v
10				X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X	
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? <i>If "Yes," complete Schedule H</i>	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		v
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	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,"			
52	complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	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 1b NONE			
С	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		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c	X	
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7.11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

Form 9	90 (2022) UC SAN DIEGO FOUNDATION	95-2872	494	F	Page <b>6</b>
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on So	hedule O. S	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			Х
Secti	ion A. Governing Body and Management				
		I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	47			
	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	44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	ship with			
	any other officer, director, trustee, or key employee?		2	Х	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under t	he 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 o		_		
	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) r				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	en during			
	the year by the following:		0-	37	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	ached at	9		37
Sacti	on B. Policies (This Section B requests information about policies not required by the Internal		-	)	X
Secu	on B. Policies (This Section B requests information about policies not required by the internal	Revenue	Coue	.) Yes	No
			10a		x
	Did the organization have local chapters, branches, or affiliates?		TVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	-	10b		
44 -	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpose		100 11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?	114	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		120	21	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that c	•	12b	Х	
•	rise to conflicts?				
C	describe on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and ap				
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and				
а	The organization's CEO, Executive Director, or top management official		15a		х
	Other officers or key employees of the organization		15b		X
Ň	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 arra	angement			
ivu	with a taxable entity during the year?	-	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	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				
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 <i>(explain on Schedul)</i>		(000)		0.(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	,	f intor	pet r	olicy
	and financial statements available to the public during the tax year.	Somet U		551 p	Siloy,
20	State the name, address, and telephone number of the person who possesses the organization's books	and record	s		
	C. CHASE 9500 GILMAN DR. MC 0940 LA JOLLA, CA 92093-0940				
	858-534-1032		Form	990	(2022)
JSA 2E1042					,
	4101MJ M015 V22-7.11				

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Form 990 (2022)

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

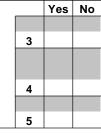
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless er and	s pe	ition more rson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) P. KHOSLA	1.00									
CHANCELLOR & PRESIDENT	39.00	x		x				NONE	605,075.	99,295.
(2) A. SPIRA	10.00								,	
EXECUTIVE VICE PRESIDENT	30.00	x		x				NONE	392,638.	118,260.
(3) M. CRUZ	10.00									
VICE PRESIDENT	30.00			Х				NONE	349,835.	101,026.
(4) D. HUNSINGER	10.00									
VICE PRESIDENT	30.00			Х				NONE	345,648.	61,196.
(5) M. SHAVER	30.00									
CFO (THROUGH 6/9/23)	10.00			Х				NONE	274,528.	73,247.
(6) C. CHASE	30.00	-								
CFO (EFFECTIVE 6/9/23)	10.00			Х				NONE	198,349.	58,778.
(7) K.SYKES	40.00	-								
CONTROLLER	NONE					X		NONE	148,850.	59,755.
(8) A. SHERMAN	40.00	-								
CORPORATE SECRETARY	NONE			Х				NONE	101,760.	37,528.
(9) S. RECK-PETERSON	1.00	-								
TRUSTEE/FACULTY REPRESENTATIVE	39.00	X						NONE	30,000.	NONE
(10) T. HALICIOGLU	1.00									
TRUSTEE/LECTURER	NONE	X						NONE	223.	NONE
(11) J. SILBERMAN	2.00									
CHAIR (10) G HADE	NONE	X		Х				NONE	NONE	NONE
(12) S. HART	1.00									
IMMEDIATE PAST CHAIR	NONE 1 00	Х	$\left  \right $	Х				NONE	NONE	NONE
(13) L. SPIEGEL	1.00	v		v				NICATE	NTONTE	NONE
CHAIR ELECT (14) S. TIMMONS	NONE 1.00	X	$\left  \right $	Х				NONE	NONE	NONE
	NONE	x		x				NONE	NONE	NONE
VICE CHAIR	I NONE	Λ		Λ				I NONE	INONE	

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Form	990	(2022)	
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Part VII Section A. Officers, Directors (A)	(B)	Í						(D)	(E)	(F)
(A) Name and title	Average hours per week (list any hours for	box, unless person is both an officer and a director/trustee)		Reportable compensation from the	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the				
	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)	organization and related organizations
15) P. THOROGOOD	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NON
16) D. BRONSTON-CULP	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
17) A. CHEDRICK	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
18) U. DAVIS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
19) N. EAST	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
20) P. EPSTEIN	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
21) M. FARRELL	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
22) B. GILBERT	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
23) M. GLEIBERMAN	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
24) A. GRILLO-LOPEZ	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NOI
25) L. HERSHFIELD	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
1b Sub-total								NONE	2,446,906.	609,085
c Total from continuation sheets to Part V	/II, Section A						►	NONE	NONE	NOI
d Total (add lines 1b and 1c)								NONE	2,446,906.	609,08

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



### Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	<b>(C)</b> 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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Form 9	90	(2022)

(A)	(B)			(0	)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for related organizations	box, office	unles er and	Posi neck is pe	ition more rson irect	e than o is both or/trust emp	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	an com fr	Estimated amount of other compensatior from the organization	
	below dotted line)	Individual trustee or director	Institutional trustee	Э С Г	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)		an	d related	b
26) G. JACOBS TRUSTEE	<u>1.00</u> NONE	X						NONE	NONE		1	NON
27) S. JAMIESON	1.00	v						NONE	NONE			
TRUSTEE 28) W. JONES	NONE 1.00	X						NONE	NONE			NOI
TRUSTEE 29) J. KRALIK	NONE 1.00	X						NONE	NONE		]	NOI
TRUSTEE	NONE	x						NONE	NONE		]	NOI
30) W. KWOK TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE		]	NOI
31) J. LAWRENCE	1.00											
IRUSTEE 32) W. LEE	NONE 1.00	X						NONE	NONE		]	NOI
IRUSTEE	NONE	x						NONE	NONE		]	NOI
33)_SLEW TRUSTEE	<u>1.00</u> NONE	x						NONE	NONE		]	NOI
34) G. MANRIQUEZ	<u>1.00</u> NONE	x						NONE	NONE		1	NOI
35) R. MARREN IRUSTEE	<u>1.00</u> NONE	X						NONE	NONE			NO
36) J. MOFFATT TRUSTEE	1.00 NONE	x						NONE				NOI
<ul> <li>1b Sub-total</li> <li>c Total from continuation sheets to Part VII, Se</li> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not I</li> </ul>	ection A imited to t	· · · ·	· · ·		•••		► ► ►					
<ul> <li>reportable compensation from the organization</li> <li>B Did the organization list any former office employee on line 1a? If "Yes," complete Schedul</li> </ul>	er, directo									3	Yes	No
4 For any individual listed on line 1a, is the s organization and related organizations gree	sum of rep ater than	oortab \$15	ole c 50,00	om 00?	pen <i>If</i>	satior <i>"Ye</i> s	n ar ג," ו	nd other compens complete Schedu	sation from the le J for such			
<i>individual</i> 5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on f	rom	n any	uni	elated organization	on or individual	4		
for services rendered to the organization? If "Ye Section B. Independent Contractors	es," comple	te Scl	hedu	le J	for	such	per	son		5		

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.

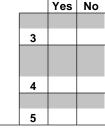
 (A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Fotal number of independent contractors (including but not limited to those nore than $100,000$ in compensation from the organization $\blacktriangleright$	e listed above) who received	

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Form 990 (2022)
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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	bye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe d a c	erson	e than c is both tor/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) M. NEWSOME	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
(_38)_DOLIVER	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
(	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
(40) P. PALISOUL	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
(41) G. PAPADOPOULOS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
(42) R. PASTOR	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
43) B. POWERS	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NON
44) H. RADY	1.00									
TRUSTEE	NONE	x						NONE	NONE	NON
45) A. REED	1.00									
TRUSTEE	NONE	X						NONE	NONE	NON
46) L. SCHENK	1.00									
TRUSTEE	NONE	x						NONE	NONE	NON
47) D. SENYEI	1.00									
TRUSTEE	NONE	x						NONE	NONE	NON
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A	· · ·				· · · ·				
2 Total number of individuals (including but not reportable compensation from the organization		hose	liste	ed a	bov	e) who	o re	ceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former offi	cer. directo	or. or	tri	uste	e.	kev é	mn	lovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3
employee on line 1a? If "Yes," complete Sched	aule J for su	ch ina	ivid	ual	• •					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	<b>(C)</b> 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, T	rustees, Ke	y En	nplo	yee	es, a	and F	ligl	hest Compensat	ed Employe	<u>es (co</u>	ntinued)	
(A) Name and title	(B) (C) Average Position hours per week (list any hours for officer and a director/trustee			an	(D) Reportable compensation from the	compensation related	Reportable E pensation from an related		iated int of ier nsation			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-M		from organiz and re organiz	the zation elated
8) M. SHAH RUSTEE	1.00_ NONE	x						NONE	1	JONE		NC
9) S. STRACHAN RUSTEE	1.00 NONE	x						NONE	r I	JONE		NC
0) S. WOLFE RUSTEE	<u>1.00</u>	x						NONE		JONE		NC
1) S. WONGAVERY RUSTEE	<u>1.00</u>	X						NONE		JONE		NC
2) P. YEH RUSTEE	<u>1.00</u>	X						NONE		JONE		NO
3) A. ZOLLAR RUSTEE	<u>1.00</u>	X						NONE		JONE		NO
		-										
		-										
		-										
		-										
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 no reportable compensation from the organizati	t limited to t					e) whc	o re	ceived more than	\$100,000 of			
Did the organization list any <b>former</b> off employee on line 1a? If "Yes," complete Sche											3 Y	es N
For any individual listed on line 1a, is the organization and related organizations of individual	reater than	\$15	50,00	)0?	lf	"Yes	," (	complete Schedu	le J for su	ch	4	x
Did any person listed on line 1a receive of for services rendered to the organization? If the formation of the organization of	or accrue co	mpen	satio	on f	rom	n any	uni	related organization	on or individu	ual	5	
ection B. Independent Contractors Complete this table for your five highest co compensation from the organization. Report year.												

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 NONE

### Form 990 (2022)

### UC SAN DIEGO FOUNDATION Part VIII Statement of Revenue

		Check if Schedule O contains a respor	nse or note to an	y 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,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ΰğ	с	Fundraising events <b>1c</b>	1,671,355.				
fts, ⊾A	d	Related organizations					
jig	е	Government grants (contributions) 1e					
ns, Sin	f	All other contributions, gifts, grants,					
er "		and similar amounts not included above <b>1</b> f	182,628,459.				
j t r	g	Noncash contributions included in					
dt	5	lines 1a-1f	\$ 28,141,035.				
aSc	h	Total. Add lines 1a-1f		184,299,814.			
			Business Code				
e	2a	MEMBERSHIP INCOME	900099	42,217.	42,217.	NONE	NONE
e Ži	b						
Se							
an Sve	c d						
2 B B B B B B B B B B B B B B B B B B B	-						
Program Service Revenue	e					NONE	NONE
	f g	All other program service revenue <b>Total.</b> Add lines 2a-2f	L	42,217.			
	3	Investment income (including dividends,					
		other similar amounts)		22,872,775.		34,142.	22,838,633.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses <b>6b</b>					
	c	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
	, a	sales of assets					
		other than inventory <b>7a</b> 245,121,059.					
đ	b	Less: cost or other basis					
evenue		and sales expenses <b>7b</b> 235,264,682.					
eve	c	Gain or (loss) 7c 9,856,377.					
2	d	Net gain or (loss)		9,856,377.			9,856,377.
Other	8a	Gross income from fundraising					
ð	Joa	events (not including \$1,671,355.					
		of contributions reported on line					
		1c). See Part IV, line 18	263,769.				
	h	Less: direct expenses	NONE				
	b C	Net income or (loss) from fundraising events		263,769.			263,769.
	9a	Gross income from gaming					
	54	activities. See Part IV, line 19 9a	10,820.				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities		10,820.			10,820.
	10a	Gross sales of inventory, less					
	lua	returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	и С	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
Miscellaneous Revenue	11a						
ane	b						
eve	c						
lisc R	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		NONE			
	12	Total revenue See instructions		217.345.772	42.217	34.142	32.969.599

	EGO FOUNDATION		95-2	872494 Page <b>1</b>
Part IX Statement of Functional Expenses		a All ather areanizatio	no must complete coli	(A)
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a resp		(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations			general expenses	0.1000
and domestic governments. See Part IV, line 21	168,607,575.	168,607,575.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	NONE			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	NONE			
	NONE			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1001015			
9 Other employee benefits	NONE			
10 Payroll taxes	NONE			
11 Fees for services (nonemployees):				
a Management	NONE			
<b>b</b> Legal	NONE			
c Accounting	NONE			
<b>d</b> 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			
13 Office expenses	NONE			
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	NONE			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
20 Interest	NONE			
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a BANK CHARGES	210,113.	NONE	210,113.	NON
b INVESTMENT FEES	-208,697.	NONE	-208,697.	NON
c <u>Split-interest</u> fees	48,837.	NONE	48,837.	NON
d LEGAL EXPENSES	44,848.	NONE	44,848.	NON
e All other expenses	15,611.		15,611.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	168,718,287.	168,607,575.	110,712.	NON
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)				

following SOP 98-2 (ASC 958-720)

art X	Balance Sheet			Page <b>1</b> 1
	Check if Schedule O contains a response or note to any line in this P	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	NONE	1	NON
2	Savings and temporary cash investments.	7,191,620.	2	339,224
3	Pledges and grants receivable, net	80,163,165.	3	63,822,231
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	NOI
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	NOI
7	Notes and loans receivable, net	NONE		NO
8	Inventories for sale or use	NONE		NOI
9	Prepaid expenses and deferred charges	NONE		NO
-	Land, buildings, and equipment: cost or other	HOILE		
	basis. Complete Part VI of Schedule D 10a			
ь	Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	378,135,401.	11	445,425,038
12	Investments - other securities. See Part IV, line 11		12	1,171,383,535
13	Investments - program-related. See Part IV, line 11.	1,783,169.	13	2,153,169
14	Intangible assets	NONE		NO:
15	Other assets. See Part IV, line 11	58,040,424.	15	54,676,554
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,737,799,751
17	Accounts payable and accrued expenses	181,472.		747,986
18	Grants payable	NONE		NO
19	Deferred revenue	34,925,000.	19	34,925,000
20	Tax-exempt bond liabilities	NONE		NO:
21	Escrow or custodial account liability. Complete Part IV of Schedule D	13,149,449.	21	13,601,404
22	Loans and other payables to any current or former officer, director,	15,119,119.	21	15,001,10
	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		NO
24	Unsecured notes and loans payable to unrelated third parties	NONE		NO
25	Other liabilities (including federal income tax, payables to related third	IVOIVE	27	1103
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	61,551,402.	25	58,058,522
26	Total liabilities. Add lines 17 through 25.	109,807,323.	26	107,332,912
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	109700775131		10110521771
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions.		28	
	Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33.		20	
29	Capital stock or trust principal, or current funds	NONE	20	NO
30	Paid-in or capital surplus, or land, building, or equipment fund			NO
31	Retained earnings, endowment, accumulated income, or other funds		31	1,630,466,839
	Total net assets or fund balances		32	1,630,466,839
32	I OTAL NET ASSETS OF TUND DAIANCES			

	UC SAN DIEGO FOUNDATION	95-2872	2494			
-	00 (2022)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					<b>.</b> X
1	Total revenue (must equal Part VIII, column (A), line 12)		1 2	17,3	45,	<u>772</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		<b>2</b> 1	<u>68,7</u>	18,	<u>287</u> .
3	Revenue less expenses. Subtract line 2 from line 1		3	48,6	27,	485.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		<b>4</b> 1,4'	78,4	60,	842.
5	Net unrealized gains (losses) on investments		5 1	03,3	17,	664.
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O).		9		60,	848.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part >	K, line				
	32, column (B))	1	<b>0</b> 1,6	30,4	66,	839.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII.					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "C	other," expl	ain on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent account	untant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year v					
	reviewed on a separate basis, consolidated basis, or both:	·				
	Separate basis Consolidated basis Both consolidated and separate b	asis				
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year w					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate b	asis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility	tv for overs	iaht of			
	the audit, review, or compilation of its financial statements and selection of an independent	•	•	2c	Х	
	If the organization changed either its oversight process or selection process during the tax					
	Schedule O.	,,				
3a	As a result of a federal award, was the organization required to undergo an audit or audits	as set forth	in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo			3b		
					000	

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

		evenue Service		Go to www.irs.gov	//Form990 for instructio	ons and t	he latest i	nformation.	Inspection
lam	e of th	he organization						Employer identif	ication number
UC	SAI	N DIEGO FOU	UNDATION					95-2	872494
Pa								part.) See instruction	IS.
Гhe	orga		•		is: (For lines 1 throug			,	
1					tion of churches desci			70(b)(1)(A)(i).	
2					. (Attach Schedule E	-			
3			•		rganization described		. ,		
4			-	-	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
_		hospital's nam							
5	X	0	•	for the benefit of Complete Part II.)	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
6		A federal, stat	te, or local go	overnment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization	on that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
				<b>(1)(A)(vi).</b> (Comple	-				
8					)(1)(A)(vi). (Complete				
9		-		-			-	I in conjunction with a	
		or university o	r a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:							
10		receipts from support from g	activities rela gross investm	ited to its exempt f rent income and u	unctions, subject to c	ertain e> able inco	ceptions	ntributions, membersh s; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its
11		An organizatio	on organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		•	•		•				ry out the purposes of
				-			-		ction 509(a)(3). Check
	_	the box on line	es 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		_ Type I. A su	apporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
			-				ajority of	the directors or truste	es of the
	_				e Part IV, Sections A				
b				-				supported organizati	
		control or m	anagement c	of the supporting o	rganization vested in	the sam	e persor	is that control or mar	age the supported
	_	_ ~	( )	•	Sections A and C.				
С		••			• • ·			n with, and functiona	lly integrated with,
	_		•	. , .	s). You must comple				
d			-			-		ection with its suppor	
			•	• •	• •			ution requirement and	d an attentiveness
				,	omplete Part IV, Sect				
е			-					nat it is a Type I, Type I	II, Type III
	E.e.				ionally integrated sup			ion.	
f				•	orted organization(s).				•••••
g		ame of supported of	-	(ii) EIN		(ind) in the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 14	ane of supported t	organization		(iii) Type of organization (described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
В)									
(C)									
(D)									
<b>E)</b>									
Fota	al								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 2E1210 1.000 4101MJ M015 V22-7.11 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)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	89,406,173.	142,979,663.	180,342,312.	196,118,350.	184,299,814.	793,146,312.
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	1,409,992.	1,165,868.	1,272,230.	1,866,388.	1,617,538.	7,332,016.
4 5	<b>Total.</b> 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	90,816,165.	144,145,531.	181,614,542.	197,984,738.	185,917,352.	800,478,328.
	shown on line 11, column (f)						9,232,594.
6	Public support. Subtract line 5 from line 4						791,245,734.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	(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	90,816,165.	144,145,531.	181,614,542.	197,984,738. 9,927,391.	185,917,352. 22,838,633.	800,478,328.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	24,931.	152,064.	-207.	41,464.	34,142.	252,394.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	447,692.	279,720.	46,313.	103,327.	274,589.	1,151,641.
11	Total support. Add lines 7 through 10						867,649,101.
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>					
	tion C. Computation of Public Sup		•				
14	Public support percentage for 2022 (li					14	91.19 %
15	Public support percentage from 2021					15	91.09 %
16a	331/3% support test - 2022. If the org	-					
	box and <b>stop here.</b> The organization q						
D	331/3% support test - 2021. If the org						
170	this box and <b>stop here</b> . The organization <b>10%-facts-and-circumstances test - 2</b>	•		•			
17a	10% or more, and if the organization						
	Part VI how the organization meets					-	
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
D	15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets						-
	organization.			-	-		
18	Private foundation. If the organizatio						
-	instructions						

Schedule A (Form 990) 2022

		N DIEGO FOU	UNDATION			95-28724	·
	t III Support Schedule for Orga (Complete only if you check If the organization fails to qu	ed the box or	n line 10 of Pa	rt I or if the org	anization faile	ed to qualify und	Page <b>3</b> der Part II.
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 00 (0	(1) 0040	() 0000	(1) 0004	() 0000	(0 T ( )
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,						
IUa	payments received on securities loans,						
	rents, royalties, and income from similar						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
-	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for		ion's first secon	d third fourth	or fifth tax ve	l Par as a section	501(c)(3)
	organization, check this box and <b>stop here</b>	-			•		
Sec	tion C. Computation of Public Sup			<b>.</b> .	<b>-</b>		
15	Public support percentage for 2022 (line 8			umn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (li	ne 10c, column	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2021	Schedule A, Part	III, line 17			18	%

17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	

19a 331/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization ... b 331/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

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

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022

## Part IV 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?	11b		
				1

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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1

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 <b>Part VI</b> 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?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how					
	the organization maintained a close and continuous working relationship with the supported organization(s).					
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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's</i>					
	supported organizations played in this regard.	3				

### Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see in</b>	structio	ons).	
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	əe instru	uctions	s).
•	• ··	vitias Tast Answer lines 22 and 26 helow		Yes	No
		vities lest Answer lines 22 and 26 below			

~	Activities Test. Answer miles zu und zo below.	1	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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," <i>explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	<u>3a</u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	

Yes No

11c

2

1.4

...

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#### 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 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): 2 Acquisition indebtedness applicable to non-exempt-use assets 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).

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

6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1				
2	Amounts paid to perform activity that directly furthers exen							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		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 <b>Part VI</b> ). See instructions.			8				
9	Distributable amount for 2022 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) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2018							
b	Excess from 2019							
C	Excess from 2020							
d	Excess from 2021							
e	Excess from 2022							

Schedule A (Form 990) 2022

Part VI

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

SCHEDULE	Α,	PART	ΙI	-	OTHER	INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	447,692.	279,720.	46,313.	103,327.	274,589.	1,151,641.
TOTALS	447,692.	279,720.	46,313.	103,327.	274,589.	1,151,641.

### 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 FOUNDATIO	DN	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 <b>not</b> treated as a private fou	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion				

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.

501(c)(3) taxable private foundation

### 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) (2022) 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>	\$33,808,618.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	<u>N/A</u>	\$28,316,658.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	<u>N/A</u>	\$11,886,235.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	<u>N/A</u>	\$7,029,810.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	<u>N/A</u>	\$5,885,629.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	<u>N/A</u>	\$3,742,454.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

	(Form 990) (2022)		Page 3
Name of o	-		entification number
Port II	UC SAN DIEGO FOUNDATION Noncash Property (see instructions). Use duplicate copies		2872494
Part II	Noncash Property (see instructions). Use duplicate copies		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PLEDGE		
1			
		\$3,808,618.	07/01/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
5			
		\$5,885,629.	01/26/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
		μ Ψ	

	(Form 990) (2022)			Page 4
Name of or		<b></b>		Employer identification number
Part III	UC SAN DIEGO FOUNDATION Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	, contributions to org the year from any o ons completing Part I e year. (Enter this info	ne contributor. Co II, enter the total of prmation once. See	mplete columns (a) through (e) and exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	-	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	-	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	-	ip of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer and ZIP + 4	-	ip of transferor to transferee

Schedule B (Form 990) (2022)

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.

Open to Public

2

OMB No. 1545-0047

	rtment of the Treasury		Attach to Form 990.				Open to Public
	nal Revenue Service	Go to www.irs.gov/l	Form990 for instructions and	the latest inform		lever identifies	Inspection
	e of the organization				Ewt	oloyer identifica	
	SAN DIEGO FO					95-28724	194
Pa	-	ations Maintaining Donor Adv			r ACCO	unts.	
	Complet	te if the organization answered					
			(a) Donor advised fu	inds		(b) Funds and	other accounts
1		end of year					
2		of contributions to (during year) .					
3		of grants from (during year)					
4		at end of year					
5	Did the organiza	tion inform all donors and donor	advisors in writing that t	he assets held	in dor	or advised	
	funds are the org	anization's property, subject to the	e organization's exclusive le	egal control?			Yes No
6	Did the organiza	tion inform all grantees, donors, a	and donor advisors in writi	ng that grant f	unds c	an be used	
		le purposes and not for the bene			-		
		missible private benefit?	<u></u>				Yes No
Pa		ation Easements.					
		te if the organization answered					
1	Purpose(s) of co	nservation easements held by the	e organization (check all that	apply).			
		on of land for public use (for example	e, recreation or education)	Preservation	of a hi	storically imp	portant land area
	Protection	of natural habitat		Preservation	of a co	ertified histor	ric structure
	Preservati	on of open space					
2	Complete lines 2	a through 2d if the organization h	eld a qualified conservation	n contribution ir	the fo	rm of a cons	servation
	easement on the	last day of the tax year.				Held at the	End of the Tax Year
а	Total number of	conservation easements			2a		
b	Total acreage rea	stricted by conservation easements	s		2b		
С	Number of conse	ervation easements on a certified	historic structure included in	n (a)	2c		
d	Number of conse	ervation easements included in (c)	) acquired after July 25, 20	06, and not on			
	a historic structu	re listed in the National Register			2d		
3	Number of cons	ervation easements modified, tra	insferred, released, extingu	iished, or term	inated	by the orga	anization during th
	tax year						
4	Number of states	s where property subject to conse	ervation easement is located	l			
5	Does the organi	ization have a written policy reg	garding the periodic mon	itoring, inspect	tion, h	andling of	
	violations, and er	nforcement of the conservation ea	sements it holds?				Yes No
6	Staff and voluntee	er hours devoted to monitoring, insp	ecting, handling of violations	, and enforcing	consei	vation easem	ents during the yea
7	Amount of expen	ises incurred in monitoring, inspec	ting, handling of violations,	and enforcing c	onserv	ation easem	ents during the yea
8	Does each conse	rvation easement reported on line	2(d) above satisfy the requir	ements of sect	ion 170	)(h)(4)(B)(i)	
		h)(4)(B)(ii)?					Yes No
9		scribe how the organization re	•			•	
		ind include, if applicable, the tex		rganization's fi	nancial	statements	that describes th
		counting for conservation easeme					
Pa		ations Maintaining Collections te if the organization answered			r Simi	lar Assets.	
1a		on elected, as permitted under FA treasures, or other similar asse			e state	ement and b	alance sheet work
	of art, historical service, provide i	n Part XIII the text of the footnote	ts held for public exhibiti to its financial statements t	on, education, hat describes t	or res hese it	search in fu ems.	irtherance of publ
b	art, historical trea	on elected, as permitted under F. asures, or other similar assets he wing amounts relating to these iter	ld for public exhibition, ed				
		uded on Form 990, Part VIII, line 1				\$	
		led in Form 990, Part X.					
2		on received or held works of a					
	-	ts required to be reported under F					5 7 7 7
а		d on Form 990, Part VIII, line 1				\$	
b		in Form 990, Part X					

b	Assets	includec	l in Form	990,	Part X.	 	 		
									_

Schee	dule D (Form 990) 2022 UC	SAN DIEGO FC	UNDATION			95-2872494 Page <b>2</b>
Ра	rt III Organizations Maintain	ing Collections	of Art, Historical Tr	easures, or	Other Similar Ass	ets (continued)
3	Using the organization's acquisition	on, accession, and	d other records, cheo	ck any of the	following that make	e significant use of its
	collection items (check all that app	ly):		-	-	-
а	Public exhibition		d Loan	or exchange	orogram	
b	Scholarly research		e Othe		U	
с	Preservation for future gene	rations				
4	Provide a description of the orga		ons and explain how	they further t	the organization's e	xempt purpose in Part
	XIII.				U	
5	During the year, did the organization	on solicit or receiv	e donations of art, his	torical treasur	es, or other similar	
	assets to be sold to raise funds rati					Yes No
Ра	rt IV Escrow and Custodial A		· · ·			
	Complete if the organiza		Yes" on Form 990,	Part IV, line 9	9, or reported an a	mount on Form
	990, Part X, line 21.		,	,	, I	
1a	Is the organization an agent, trus	tee, custodian or	other intermediary	for contributio	ons or other assets	not
	included on Form 990, Part X?		-			Yes X No
b	If "Yes," explain the arrangement i					
					An	nount
с	Beginning balance			1c		
d	Additions during the year					
e	Distributions during the year					
f	Ending balance					
2a	Did the organization include an am				todial account liabilit	v? x Yes No
	If "Yes," explain the arrangement i					
	rt V Endowment Funds.					<u> </u>
ı a	Complete if the organiza	ation answered "	Yes" on Form 990.	Part IV, line	10.	
		(a) Current year	(b) Prior year	(c) Two years		back (e) Four years back
4.		1,221,529,634.	1,290,705,714.	916,652,41		
1a	Beginning of year balance	84,350,774.	77,668,484.	84,599,07		
b	Contributions	04,550,774.	//,000,101.	04,555,01	52,550,4	52. 54,551,100.
С	Net investment earnings, gains,	107 201 010	-106 414 604	215 565 76	6 12 9/2 7	52 107 400
	and losses	127,381,210.	-106,414,604.	315,565,76		
d	Grants or scholarships	47,044,513.	40,384,279.	26,108,58	40,252,4	31,472,556.
е	Other expenditures for facilities					
	and programs		45, 601			22 2.105
f	Administrative expenses	53,701.	45,681.	2,96		
g	End of year balance	1,386,163,404.	1,221,529,634.	1,290,705,71		19. 820,562,817.
2	Provide the estimated percentage			, column (a)) h	neld as:	
a L	Board designated or quasi-endown	-	<u> </u>			
b	Permanent endowment 78.90					
С	Term endowment <u>19.1000</u> %		-14000/			
0	The percentages on lines 2a, 2b, a				a due in interned for the	
3a	Are there endowment funds not in	the possession o	the organization that	t are neid and	administered for the	Yes No
	organization by:					
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					
	If "Yes" on line 3a(ii), are the relate	•	•			3b
4	Describe in Part XIII the intended		zation's endowment fu	unds.		
Ра	rt VI Land, Buildings, and Eq Complete if the organiz	ation answered '	'Yes" on Form 990.	Part IV. line	11a. See Form 99	0. Part X. line 10.
	Description of property	(a) Cos	t or other basis (b) Cost	t or other basis	(c) Accumulated	(d) Book value
		(	/estment) (	other)	depreciation	
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment					
e	Other					
Tota	I. Add lines 1a through 1e. (Columr	n (d) must equal F	orm 990, Part X, colun	nn (B), line 10c	.)	

Part VII

Investments - Other Securities.

		Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) BALANCED INVESTMENT FUNDS	948,510,565.	FMV
(B) SHORT TERM INVESTMENTS	216,644,442.	FMV
(C) REAL ESTATE INVESTMENT FUNDS	6,228,528.	FMV
(D)		
(E)		
(F)		
(G) (L)		
(H)	1 171 202 525	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)         Part VIII       Investments - Program Related.	1,171,383,535.	
	ered "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
<u>(1)</u>		
(2)		
<u>(3)</u>		
<u>(4)</u>		
(5)		
<u>(6)</u> (7)		
<u>(7)</u>		
<u>(8)</u>		
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.	••	
	ered "Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
· · ·	) Description	(b) Book value
(1)	· · ·	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
<u>(9)</u>		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)	
Part X Other Liabilities.	ared "Vec" on Form 000	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		
	scription of liability	(b) Book value
(1) Federal income taxes		
(2)DEFERRED INFLOWS		58,058,52
(3)		50,030,32
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 58,058,522.

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

Schedu	ILE D (Form 990) 2022 UC SAN DIEGO FOUNDATION	95-	-2872494 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	320,722,868.
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	103,377,096.
3	Subtract line 2e from line 1	3	217,345,772.
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.)		217,345,772.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements		
2		1	168,716,871.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	168,716,871.
∠ a		1	168,716,871.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	168,716,871.
a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	168,716,871.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	1	168,716,871.
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	 2e	168,716,871.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d		168,716,871.
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2e	
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2e	
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2e	
a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2e 3 4c	
a b c 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2e 3 4c	168,716,871.

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 2

REVENUE ON BOOK NOT ON RETURN

OTHER INCOME	\$ 13
CHANGE IN SURRENDER VALUE OF LIFE INSURANCE CONTRACTS	\$ 835
NONOPERATING INCOME	\$ 60,000
INVESTMENT FEE	\$ 208,697

V22-7.11

Schedule D (Form 990) 2022	UC SAN DIEGO FOUNDATION		95-2872494	Page 5
Part XIII Supplemental Info	ormation (continued)			
BANK CHARGES		(\$ 210,113)		
TOTAL		\$ 59,432		
PART XII LINE 4D				
EXPENSE ON BOOK NOT ON	RETURN			
BANK CHARGES		\$ 210,113		
TOTAL		\$ 210,113		

SCHEDULE F	Statement of Activities Outside the United St	ates	OMB No. 1545-0047		
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15	, or 16.	2022		
Attach to Form 990.           Department of the Treasury Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information			Open to Public Inspection		
Name of the organization		Employer iden	tification number		
UC SAN DIEGO FO	DUNDATION	95-287	2494		
	Information on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatio	n answered "Yes" on		
-	<b>s.</b> 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?	ria used to	Yes No		

- 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		3,888,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
<u>(11)</u>					
(12)					
(13)					
(14)					
<u>(</u> 15)					
(16)					
(17)					
3a Subtotal b Total from continuation sheets to Part I					3,888,000.
<b>c</b> Totals (add lines 3a and 3b)		s for Form 990.			3,888,000.

Schedule F (F	form 990) 2022 UC	SAN DIEGO FOUND	ATION		95-2872	2494			Page <b>2</b>
Part II	Grants and Other Assis	stance to Organizat recipient who receiv	ions or Entities Outs ed more than \$5,000.	i <b>de the Unite</b> Part II can be o	d States. Comple duplicated if additi	te if the orga onal space is	anization answe needed.	red "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax 2 exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

### 95-2872494

Page 3

	I DIEGO FOUNDATION			95-2872	494		Page 3
Part III Grants and Other Assistan Part III can be duplicated if a			States. Complete	e if the organiza	ation answered "Ye	es" on Form 990	), Part IV, line 16.
(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	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
<u>(</u> 10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<u>(18)</u>							

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "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)</i>	X	Yes		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? <i>If</i> "Yes," <i>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)</i>		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? <i>If</i> "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

	EDULE G		Information Re			-	-	OMB No. 1545-0047
(Forn	n 990)	Complete if	the organization answe organization entered i	9, or if the	2022			
	ment of the Treasury			to Form 990	Open to Public			
	I Revenue Service of the organization	G	o to www.irs.gov/Form9	90 for Instru	ictions and t	ne latest information.	Employer identificati	Inspection
	SAN DIEGO FO						95-28724	
Part	Fundraisin	<b>g Activities.</b> Com				Yes" on Form 99		
1		the organization rai				activities Check	all that apply	
' a	Mail solicita	•	e e		•	non-government g		
b		email solicitations	f			government grant		
С	Phone solic	itations	g			ising events		
d	In-person so	olicitations						
	or key employee If "Yes," list the	tion have a written o es listed in Form 990 10 highest paid ind least \$5,000 by the	), Part VII) or entity ividuals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
	<b>(i)</b> Name and addr or entity (fu		(ii) Activity	custody o	ndraiser 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								
7								
8								
9								
10								
Total		<u></u>						
3		which the organiza	ation is registered of	or licensed	d to solicit	contributions or	has been notified	I it is exempt from
CA,	registration or lic	ensing.						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,00	0.			
			(a) Event #1 SEE SCHEDULE O	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
-			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,935,124.		NONE	1,935,124.
œ	2 3	Less: Contributions Gross income (line 1 minus	1,671,355.		NONE	1,671,355.
	•	line 2)	263,769.		NONE	263,769.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
st Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lin Net income summary. Subtract l	nes 4 through 9 in colu line 10 from line 3. col	umn (d) umn (d)		263,769.
Ра	rt II	Gaming. Complete if the org	anization answered "			
0		\$15,000 on Form 990-EZ, lin	ie 6a.			
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add lir	nes 2 through 5 in colu	umn (d)		
	8	Net gaming income summary. S	Subtract line 7 from line	e 1, column (d)		
9 a k	I I	Enter the state(s) in which the org s the organization licensed to con f "No," explain:	duct gaming activities	in each of these state	es?	Yes No
10a t		Were any of the organization's gaming f "Yes," explain:	g licenses revoked, susp			Yes No

JSA

<ul> <li>11 Does the organization conduct gaming activities with nonmembers?</li> <li>12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?</li> <li>13 Indicate the percentage of gaming activity conducted in: <ul> <li>a The organization's facility</li> <li>b An outside facility</li> <li>14 Enter the name and address of the person who prepares the organization's gaming/special events books records:</li> <li>Name ▶</li></ul></li></ul>	3a 3b and	Yes	No No %
formed to administer charitable gaming?         13       Indicate the percentage of gaming activity conducted in:         a       The organization's facility         b       An outside facility         14       Enter the name and address of the person who prepares the organization's gaming/special events books records:         Name ▶	3a 3b and		<u>%</u>
<ul> <li>13 Indicate the percentage of gaming activity conducted in: <ul> <li>a The organization's facility</li></ul></li></ul>	3a 3b and		<u>%</u>
<ul> <li>a The organization's facility</li></ul>	3b and		%
<ul> <li>b An outside facility</li></ul>	3b and		%
<ul> <li>14 Enter the name and address of the person who prepares the organization's gaming/special events books records:</li> <li>Name ▶</li></ul>	and		
records: Name ►			
Address ▶			
<ul> <li>15 a Does the organization have a contract with a third party from whom the organization receives ga revenue?</li> <li>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar amount of gaming revenue retained by the third party ▶ \$</li> <li>c If "Yes," enter name and address of the third party:</li> <li>Name ▶</li></ul>			
<ul> <li>revenue?</li> <li>If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar amount of gaming revenue retained by the third party ▶ \$</li> <li>c If "Yes," enter name and address of the third party:</li> <li>Name ▶</li></ul>			
<ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ar amount of gaming revenue retained by the third party ▶ \$</li> <li>c If "Yes," enter name and address of the third party:</li> <li>Name ▶</li></ul>	iming		
amount of gaming revenue retained by the third party ► \$ c If "Yes," enter name and address of the third party: Name ► Address ► 16 Gaming manager information:		Yes	No
<ul> <li>c If "Yes," enter name and address of the third party:</li> <li>Name ▶</li></ul>	nd the		
Name  Address  Gaming manager information:			
Address ►			
16 Gaming manager information:			
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 proce	eeds to	)	
retain the state gaming license?			No
b Enter the amount of distributions required under state law to be distributed to other exempt organ			
or spent in the organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (i Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona (see instructions).			

SCHEDULE I       Grants and Other Assistance to Organizations,         (Form 990)       Governments, and Individuals in the United States         Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Attach to Form 990.									
Internal Revenue Service	Go t	o www.irs.gov/	Form990 for the la	test information.			Inspection		
Name of the organization						Employer identif	ication number		
UC SAN DIEGO FOUNDATION						95-28724	94		
Part I General Information on Grants an	d Assistanc	e							
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistand dures for mor	e? hitoring the use	of grant funds in th	e United States.			_ X Yes No		
Part II Grants and Other Assistance to I		-					I "Yes" on Form 990,		
Part IV, line 21, for any recipient t	nat received	more than \$5	,000. Part II can I	be duplicated if a	•	needed.			
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant			
(1) REGENTS OF THE UNIVERSITY OF CALIFORNIA									
9500 GILMAN DR. MC 0940 LA JOLLA, CA 92093	95-6006144	501(C)(3)	168,499,619.		N/A	N/A	SUPPORT UNIV. PROG.		
(2) THEATER & ARTS FOUNDATION OF SAN DIEGO	_								
PO BOX 12039 LA JOLLA, CA 92039	95-1941117	501(C)(3)	107,956.		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) and	dovernment (	rganizations lis	ted in the line 1 tak	,	1		2		
3 Enter total number of other organizations lis	•	•					·		

#### 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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> 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					
<b>Part IV</b> Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	ther 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.

SCHEDULE J Compensation Information		ON	/IB No.	1545-0	047		
(Forn	n 990)	For certain Officers, Dire	ctors, Trustees, Key Employees, and Highest		എത	<b>n</b> n	)
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line			npensated Employees n answered "Yes" on Form 990_Part IV_line 2	3	$\mathbb{Z}$		
Departn	Department of the Treasury Attach to Form 990.				pen to		
	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest information.	Employer identification		ectio	n
	of the organization					ſ	
Part	SAN DIEGO I	ns Regarding Compensation		95-2872494	Ł		
Fall	Questio	ns Regarding Compensation				Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	son listed on Form		100	
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch	auffeur, chef)			
		have an line do and shortend with the					
b	or reimburse	ment or provision of all of the ex	ne organization follow a written policy represented above? If "No," com	plete Part III to			
	explain			· · · · · · · · · · ·	1b		
2	•		to reimbursing or allowing expenses	•			
		-	D/Executive Director, regarding the items	checked on line			
	1a?				2		
3			on used to establish the compensation of				
			at apply. Do not check any boxes for metho				
	<u> </u>	•	e CEO/Executive Director, but explain in P	an III.			
	· · ·	nsation committee	Written employment contract				
		dent compensation consultant	Compensation survey or study	tion committee			
		00 of other organizations	Approval by the board or compensation				
4	During the year	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а			ayment?		4a		x
b			tal nonqualified retirement plan?		4b		X
	-		sed compensation arrangement?		4c		X
-	-		rovide the applicable amounts for each it				
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations must complete lines 5-9.				
5	For persons	listed on Form 990, Part VII, Secti	on A, line 1a, did the organization pa	ay or accrue any			
	compensatior	n contingent on the revenues of:					
					5a		X
b	Any related of	rganization?			5b		X
		e 5a or 5b, describe in Part III.					
6			on A, line 1a, did the organization pa	ay or accrue any			
		n contingent on the net earnings of:					
a					6a		X
b					6b		X
_		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov escribe in Part III		7		x
8			paid or accrued pursuant to a contract the		<b>–</b>		
0			Regulations section 53.4958-4(a)(3)?		1		
					8		x
9			low the rebuttable presumption proced				
-					9		
For Pa		ction Act Notice, see the Instructions for Fo		Schedu	-	orm 990	0) 2022

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
P. KHOSLA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
1 CHANCELLOR & PRESIDENT	(ii)	592,883.	NONE	12,192.	76,901.	22,394.	704,370.	NONE
A. SPIRA	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 EXECUTIVE VICE PRESIDENT	(ii)	385,130.	NONE	7,508.	85,582.	32,678.	510,898.	NONE
D. HUNSINGER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 VICE PRESIDENT	(ii)	340,648.	5,000.	NONE	46,484.	14,712.	406,844.	NONE
M. CRUZ	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 VICE PRESIDENT	(ii)	344,835.	5,000.	NONE	69,586.	31,440.	450,861.	NONE
M. SHAVER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 CFO (THROUGH 6/9/23)	(ii)	269,528.	5,000.	NONE	61,326.	11,921.	347,775.	NONE
C. CHASE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 CFO (EFFECTIVE 6/9/23)	(ii)	190,849.	7,500.	NONE	44,066.	14,712.	257,127.	NONE
K.SYKES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 CONTROLLER	(ii)	145,150.	3,700.	NONE	35,249.	24,506.	208,605.	NONE
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

#### 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

JSA

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

UC SAN DIEGO FOUNDATION

#### 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.

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

CFO CHASE WAS AN EMPLOYEE AT UCLA PRIOR TO COMING TO UC SAN DIEGO IN JUNE

2023. ALL COMPENSATION IS RELATED TO EMPLOYMENT AT UCLA.

SEE ADDITIONAL SUPPLEMENTAL INFORMATION REGARDING COMPENSATION ON SCHEDULE O.

Page 3

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

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. 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

## UC SAN DIEGO FOUNDATION

Employer identification	number
95-2872494	ł

Par	Types of Property		1	T				
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		66	12,681,478.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( PLANNED GIFT )	X	3		ESTIMATED			
26	Other ►( <u>RAFFLE/AUCTION</u> )	X	3	6,756.	ESTIMATED	FMV		
27	Other ►( <u>CRYPTO</u> CURRENCY )	X	1	15,000,000.	ESTIMATED	FMV		
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29			1
					ſ		Yes	No
30a	During the year, did the organizat		• • • • •	• •	•			
	28, that it must hold for at least the	-						
	to be used for exempt purposes for		olding period?			30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a			-				
	contributions?					31	Х	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a	) is checked,			

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

Schedule M (Form 990) 2022

**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, WHEN APPLICABLE.

## 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 95-2872494

#### FORM 990, PART III

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:

EXECUTIVE VICE PRESIDENT A. SPIRA, TRUSTEE S. WOLFE, TRUSTEE EPSTEIN, TRUSTEE A. REED, AND TRUSTEE S. TIMMONS HAVE CHILDREN OR CHILDREN IN LAW WHO ARE EMPLOYEES OF UC SAN DIEGO.

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

TRUSTEE D. BRONSTON-CULP AND TREASURER P. THOROGOOD HAVE A BUSINESS RELATIONSHIP.

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

TRUSTEE A. GRILLO-LOPEZ IS A BOARD OF DIRECTOR FOR THE PREUSS SCHOOL AT UC SAN DIEGO.

### 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

#### 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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS:

THE UC SAN DIEGO FOUNDATION REQUIRES A CONFLICT OF INTEREST CERTIFICATION FORM FROM EACH TRUSTEE, OFFICER AND KEY EMPLOYEE ANNUALLY WHICH DISCLOSES POTENTIAL CONFLICTS, OR LACK THEREOF. THE REPLIES ARE REVIEWED BY THE CORPORATE SECRETARY, CONTROLLER, 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

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.



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

 Name of the organization
 Employer ide

95-2872494

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 AT THE 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 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	13
CHANGE IN SURRENDER VALUE OF LIFE INSURANCE CONTRACTS	835
NONOPERATING INCOME	60,000
TOTAL	\$60,848

#### Department of the Treasury Internal Revenue Service Name of the organization

## 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.



UC SAN DIEGO FOUNDATION

## 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, 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.

Schedule O (Form 990 or 990-EZ) 2022				Page <b>2</b>
Name of the organization		Employer ic	dentification number	
UC SAN DIEGO FOUNDATION		95-28	72494	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES				
	ENDING		COST	
DESCRIPTION	BOOK VAL	JUE	OR FMV	
VARIOUS MUTUAL FUNDS & ETFS	441,122,	652.	FMV	
US GOVT & ASSET BACKED BONDS	3,569,	787.	FMV	
VARIOUS EQUITY SECURITIES	732,	,599.	FMV	

TOTALS

445,425,038. ========

#### 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	olled
						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.

Schedule R (Form 990) 2022

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number 95-2872494

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 or	inore related org	anization	is liealeu as a p		e lax year.	1						
(a) Name, address, and EIN of related organization	<b>(b)</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	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		<b>(k)</b> 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1) CHARITABLE REMAINDER TRUSTS (4)								
9500 GILMAN DR. MC0940 LA JOLLA, CA 92093-0940	CHARITABLE TR	CA	N/A	Т				x
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations lis	ted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
	• • • • • • • • • • • • • • • • • • • •						
f	Dividends from related organization(s)				1f		Х
q	Sale of assets to related organization(s)				1g	Х	
	Purchase of assets from related organization(s)				1h	Х	
i	Exchange of assets with related organization(s).				1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s).				1j		Х
,					-		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
	Sharing of paid employees with related organization(s)				10	х	
Ũ							
n	Reimbursement paid to related organization(s) for expenses.				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
ч							
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s).				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including cove	red relationships and transa	ction three	sholds	s. '	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a - s)	Amount involved	Method o	of dete nt invo		g
		type (a 3)		amou		iveu	
(1)							
(2)							
(3)							
(4)							
(5)							

2E1309 1.000

(6)

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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501( organiz	tion c)(3) ations?	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop alloc	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2022

Part VIISupplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.