(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Inspection

A F	or th	e 2019	calen	dar year, or tax year be	ginning			07/01,2019	, and	lending			0	6/30, 20	20	
			C Nam	ne of organization UNIVE	ERSITY	OF CA	LIFORN	IIA SAN FRA	ANC:	ISCO		D Employer ide	entific	ation numb	oer	
<b>B</b> c	heck if a	pplicable:	FO	UNDATION								94-282	991	.4		
X	Addre		Doin	ng business as												
	7	e change		nber and street (or P.O. box	x if mail is	not delivere	d to street a	iddress)	Roo	m/suite		E Telephone n	umbe	r		
	+	l return	20	01 THE EMBARCA	DERO,	3RD FI	LOOR					(415) 47	76-	3618		
	Final	return/		or town, state or province,				al code				- ,				
	Amer			N FRANCISCO, C	-							<b>G</b> Gross receip	ts\$	982	.300	,984.
		cation		ne and address of principal			EL HAW	GOOD				H(a) Is this a gr			Yes	X No
	_ pend	ing		01 THE EMBARCA					CA	9413	3	subordinate <b>H(b)</b> Are all subordinate		included?	Yes	No
$\overline{}$	Tayley	empt st	1		501(c) (		insert no.)	4947(a)(1)		527				a list. (see inst	_	
				UCSF.EDU	301(0) (	) 🔻 (	iliseit ilo.)	4947 (a)(1)	OI	321		H(c) Group exer				
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				ribe the organization's m		t -i	ificant and	initiaa. SEE S	CHE	DIII.F (	<u> </u>					
•	'	brien	y desci	the the organization's if	nission oi	r most sigr	illicant ac	Ivilles: DEE 5	CIII	DODE (						
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rna	_	<u></u>	I. 4l-!- l-	: : : : : : : : : : : : : : : : :	:4:	: <b>4</b> :				41	- 050/	-£:44				
Governance	2			ox 🕨 🔛 if the organ			•	•					1	1		36.
	3			oting members of the g									3			35.
es	4			ndependent voting mem									4			0.
Activities &	5			er of individuals employe									5			60.
√cti	6			er of volunteers (estimate									6	2	740	
`				ted business revenue fro									7a	-		136.
	b	Net u	nrelate	d business taxable inco	me from I	Form 990-	T, line 39				· · · ·		7b			136.
	_											Prior Year			rent Ye	
ē	8			s and grants (Part VIII, li							3	64,307,0		518,	640,	064.
Revenue	9			vice revenue (Part VIII, li									0.			0.
Re	10			ncome (Part VIII, colum								16,169,1		56,	974,	,189.
	11	Other	revenu	ue (Part VIII, column (A)	), lines 5,	6d, 8c, 9c	, 10c, and	11e)				-1,8				0.
_	12	Total	revenu	ie - add lines 8 through	11 (must	equal Par	t VIII, colu	mn (A), line 12) .				80,474,3				,253.
	13			similar amounts paid (Pa							3	37,159,2		405,	263,	,615.
	14	Benef	fits paid	d to or for members (Par	rt IX, colu	mn (A), lin	e 4)						0.			0.
es	15			ner compensation, emplo									0.			0.
Expenses	16 a	Profe	ssional	l fundraising fees (Part ۱)	X, column	(A), line 1	1e)						0.			0.
ă	l			ising expenses (Part IX,					).							
	17	Other	expen	ses (Part IX, column (A)	, lines 11	a-11d, 11f	-24e)					10,269,4				,648.
	18	Total	expens	ses. Add lines 13-17 (mi	ust equal	Part IX, co	olumn (A),	line 25)				47,428,7				,263.
	19	Reve	nue les	s expenses. Subtract lin	e 18 from	n line 12 .						33,045,6	27.	157,	582,	,990.
Net Assets or Fund Balances												ning of Current			of Yea	
set	20	Total	assets	(Part X, line 16)								04,662,8		1		
t As	21	Total	liabilitie	es (Part X, line 26)							3	49,157,9	02.	406,	781,	,295.
<u>S</u> ₽	22	Net a	ssets o	or fund balances. Subtra	act line 21	from line	20				1,9	55,504,9	67 <b>.</b>	2,150,	692,	647.
Pa	rt II	Si	gnatur	re Block												
Und	der pe	nalties	of perjur	ry, I declare that I have exa te. Declaration of preparer (	amined thi	is return, in	cluding ac	companying sched	lules a	and statem	ents, a	nd to the best of	of my	knowledge	and be	elief, it is
- truc	, соп	ot, and	Comple	te. Deciaration of preparer (	(other than	i onicer) is i	baseu on ai	i illioilliation or wii	icii pi	reparer rias	ally Kii					
٠.		<b>N</b> .														
Sig			Signatur	re of officer								Date				
He	re		PAUL	VELASKI				CFO								
			Type or	print name and title												
		Print	/Type pr	reparer's name		Preparer's	signature		1	Date		Check	if	PTIN		
Paid		DAV	ID M	SACARELOS		DAVID	M SAC	ARELOS		05/17	/202	1 self-emplo	yed	P000	8283	8
	oarer	Firm's	s name	SEILER LLP								Firm's EIN	94-	162427	6	
use	Only			SS THREE LAGOON DR S'	TE 400 R	REDWOOD C	ITY, CA 9	94065						-365-4		
Ma	/ the			s this return with the p					)						es	No
_				tion Act Notice, see the					-							(2019)

UNIVERSITY OF CALIFORNIA SAN FRANCISCO 94-2829914 Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: 405,263,615. including grants of \$ ) (Revenue \$ ) (Expenses \$ ATTACHMENT 4b (Code: including grants of \$ 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ **4e** Total program service expenses ▶ 405,263,615.

JSA 9E1020 2.000 Form **990** (2019) 19111

0807CR M200

) (Revenue \$

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Par	t 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	Х	
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110		Х
ı	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a		21
	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	115		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
k	• Was the organization included in consolidated, independent audited financial statements for the tax year? If		37	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
,	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	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	o 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 12 If "Yes," complete Schedule I. Parts Land II	21	Х	
	oomesiic ooveriiheni on Fan IX columi (A) mee 17 ii Yes-Comblete Schedule I Pans Land II	1 Z I		

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		.,,	
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		Х
_	through 24d and complete Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C		240		
٨	to defease any tax-exempt bonds?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
	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 Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X 
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32		22		Х
22	complete Schedule N, Part II	32		
33	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,	33		
J-T	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

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Par	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 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			3.5
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Cross recorpts, included on Form 600, Fart Vin, into 12, 161 public declaration and included in Fart Vin, into 12, 161 public declaration in the Fart Vin, into 12, 161 public declarati			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	<b>Note:</b> 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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see 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		X
	If "Yes," complete Form 4720, Schedule O.			

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UNIVERSITY OF CALIFORNIA SAN FRANCISCO 94-2829914 Page 6 Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 36 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 35 Enter the number of voting members included on line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . . . . . . 9

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Each committee with authority to act on behalf of the governing body?................

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
	rise to conflicts?	120	21	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		3.5	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

the year by the following:

17	List the states	with which a	copy of thi	s Form 990	is required to	o be filed ► <u>≃11</u>
			1 /			

18	Sec	ction 6104 requires	s an	ı organization to make i	its F	orms 1023 (10	)24	or 1	024-A, if applicable), 990	), and 990-T	(Section 501(c)
	(3)s	only) available for	pub	olic inspection. Indicate	how	you made the	se ay	<u>vail</u> a	able. Check all that apply.		
		Own website		Another's website	X	Upon request	t		Other (explain on Sched	ule O)	

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ PAUL VELASKI 2001 THE EMBARCADERO. 3RD FLOOR SAN FRANCISCO. CA 94133 415-476-3618

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8a | X

8b

Х

Yes No

9E1042 2.000

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unless	s per	ition more	e than or than or/trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			Ф			ated				
(1)SAMUEL HAWGOOD	5.00									
PRESIDENT	50.00			Х				0.	899,131.	29,768.
(2) JENNIFER ARNETT	12.00			21				0.	0,0,1,1,11.	25,700.
VICE PRESIDENT	50.00			Х				0.	508,099.	18,536.
(3) PAUL JENNY	5.00							· ·	300,033.	10,330.
TREASURER	50.00			Х				0.	407,193.	5,548.
(4)KAUSHAL SHAH	12.00									
ASSISTANT TREASURER	50.00			$_{\rm X}$				0.	222,254.	35,718.
(5) JOHN GARDNER TRIMBLE	12.00								,	· ·
ASSISTANT SECRETARY	50.00			х				0.	209,045.	24,855.
(6) JOHN STEPHENS DOWNS	12.00								-	
SECRETARY	50.00						Х	0.	124,484.	12,060.
(7) JOHN FORD	12.00									
VICE PRESIDENT	50.00						Х	0.	100,535.	0.
(8) ARTHUR KERN	1.00									
BOARD VICE CHAIR	0.	Х		Х				0.	0.	0.
(9) WILLIAM E. OBERNDORF	1.00									
BOARD CHAIR	1.00	Х		Х				0.	0.	0.
(10) ANDREW ACH	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(11) BARBARA BASS BAKAR	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(12) ANDREW BALLARD	1.00			$\neg$						
DIRECTOR	0.	Х						0.	0.	0.
(13) NANCY HELLMAN BECHTLE	1.00			Ī						
DIRECTOR	0.	Х						0.	0.	0.
(14) LYNNE BENIOFF	1.00									
DIRECTOR	0.	X						0.	0.	0.

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JSA

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	( <b>F)</b> itimated nount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatio d related anization	d
15) PETER BRIGER	1.00											
DIRECTOR	0.	Х						0	0.			0
16) TODD CARTER	1.00											
DIRECTOR	0.	X						0	0.			0
17) CONNIE CHEN	1.00											
DIRECTOR	0.	X						0	0.			0
18) FRED COHEN	1.00											
DIRECTOR	1.00	Х						0	0.			0
19) WILLIAM H. DAVIDOW	1.00											
DIRECTOR	0.	X						0	0.			0
20) DIPANJAN DEB	1.00											
DIRECTOR	1.00	Х						0	0.			0
21) ROBIN RICHARDS DONOHOE	1.00											
DIRECTOR	0.	Х						0	0.			0
22) DANA EMERY	1.00											
DIRECTOR	0.	Х						0	0.			0
23) WILLIAM S. FISHER	1.00											
DIRECTOR	0.	Х						0	0.			0
24) SAMEER GANDHI	1.00											
DIRECTOR	1.00	Х						0	0.			0
25) BRIAN GROSSMAN	1.00											
DIRECTOR	0.	Х						0	0.			0
1b Sub-total								0.	2,470,741.	1	26,4	485.
c Total from continuation sheets to Part VII, S	ection A		• •	• •				0.	0.			0.
d Total (add lines 1b and 1c)	<del>-</del>						•	0.	2,470,741.	1	26,4	485.
2 Total number of individuals (including but not						e) who	o re	ceived more than				
reportable compensation from the organizatio	n ▶	0.										
											Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual												
4 For any individual listed on line 1a, is the organization and related organizations groups	sum of rep	ortab	le d	com	per	satior	n ai	nd other compens	sation from the			
individual										4	X	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent o	con	tracto	rs t	hat received more	than \$100,000 o	f		

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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 ▶ 9

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(B)

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

(C)

(D)

Name and title		verage Position Reportable Reportable ours per (do not check more than one box, unless person is both an proper to the compensation from related to the compensation to the compensation from the compensation from the compensation to the compensation from the compensation to the compensation from the compensa											
	week (list any							from	related		other		
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensation the anization direlated anization	n d	
26) KATHRYN HALL	1.00												
DIRECTOR	0.	Х						0.	0.			0	
27) PHILIP HAMMARSKJOLD	1.00												
DIRECTOR	0.	Х						0.	0.			0	
28) KENNETH HAO	1.00												
DIRECTOR	0.	Х						0.	0.			0	
29) JULIA HARTZ	1.00												
DIRECTOR	0.	Х						0.	0.			0	
30) CARL KAWAJA	1.00												
DIRECTOR	·	Х						0.	0.			0	
31) RICK KIMBALL	1.00												
DIRECTOR	·	Х						0.	0.			0	
32) GEORGE MARCUS	1.00												
DIRECTOR	·	Х						0.	0.			0	
33) AMY MCKNIGHT	1.00												
DIRECTOR	0.	Х						0.	0.			0	
34) JASON MOMENT	1.00												
DIRECTOR	0.	Х						0.	0.			0	
35) DIANE MORRIS	1.00												
DIRECTOR	0.	Х						0.	0.			0	
36) CARMEN POLICY	1.00												
DIRECTOR	0.	Х						0.	0.			0	
1h Sub-total								0.	0.			0.	
1b Sub-total c Total from continuation sheets to Part VII, S	Section A		• •		• •								
d Total (add lines 1b and 1c)	•												
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of				
reportable compensation from the organizatio		0		uu	0011	o, <b>w</b> iic	, 10	oolvod moro tridir	Ψ100,000 01				
											Yes	No	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х		
										3			
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	50,0	00?	. If	"Yes	3,"	complete Schedu	le J for such		v		
individual										4	X		
5 Did any person listed on line 1a receive or												V	
for services rendered to the organization? If "Y	es," comple	te Sci	nedu	ıle .	J tor	such	per	son		5		X	
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 listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII

(A)

	(A) Name and title	<b>(B)</b> Average			(C	C)			(D)	(E)		(F)	
		hours per week (list any hours for	box,	unles er and	s pe	more rson irect	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	ar com	stimated mount of other npensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	om the panization d related anization	i
37)	LISA PRITZKER	1.00											
	DIRECTOR	0.	X						0.	0.			0
38)	STEVEN READ	1.00											
	DIRECTOR	0.	Х						0.	0.			0
39)	RICHARD M. ROSENBERG	1.00											
	DIRECTOR	0.	X						0.	0.			0
40)	JACLYN SAFIER	1.00											
	DIRECTOR	0.	Х						0.	0.			0
41)	GEORGE SCANGOS	1.00											
	DIRECTOR	0.	Х						0.	0.			0
42)	SHAHAN SOGOHKIAN	1.00											
	DIRECTOR	0.	Х						0.	0.			0
43)	JOAN WEILL	1.00											
	DIRECTOR	0.	Х						0.	0.			0
1b	Sub-total							$\blacktriangleright$	0.	0.			0.
С	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A						<b>&gt;</b>					
2	Total number of individuals (including but not reportable compensation from the organization		hose 0.		d at	OOV	e) who	o re	eceived more than	\$100,000 of			
												Yes	No
3	Did the organization list any <b>former</b> offic employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>										3	Х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.						4	X					
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue coi	mpen	satio	on f	ron	n any	un	related organization		5		Х
Sec	ction B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization. Report c year.												

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

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

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### Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a respon	se or note to ar	ny line in this Part V	/III		
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
عَ ق	С	Fundraising events						
fts	d	Related organizations						
ច្ច≣្ច	e	Government grants (contributi						
ns, Sir	f	All other contributions, gifts,						
er (		and similar amounts not included	·	518,640,064.				
ĘĘ	g	Noncash contributions include		,,				
a to	9	lines 1a-1f		99,968,109.				
g S E	h	Total. Add lines 1a-1f			518,640,064.			
		Total. Add lines 14-11		Business Code	310/010/0011			
ġ.				240000 0040				
ξ	2a							
Se	b							
E S	C							
gra	d							
Program Service Revenue	е							
_	f a	All other program service reve			0.			
	g	Total. Add lines 2a-2f			0.			
	3	Investment income (includi	-	_	14,537,920.		-2,740,136.	17,278,056.
		other similar amounts)			0.		2,740,130.	17,270,030.
	4   5	Income from investment of to	•	•	0.			
	3	Royalties	(i) Real	(ii) Personal	0.			
	_		(i) iteai	(ii) i cisoriai				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c			_			
	d	Net rental income or (loss)			0.			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	449,123,000.					
ne	b	Less: cost or other basis						
evenue		and sales expenses 7b	406,686,731.					
Re	С	Gain or (loss)	42,436,269.					
	d	Net gain or (loss)	· · · · · <u>· · · ·</u>	<u></u>	42,436,269.			42,436,269.
Other	8a	Gross income from fu	ındraising					
U		events (not including \$						
		of contributions reported	on line					
		1c). See Part IV, line 18	8a	0.				
	b	Less: direct expenses		0.				
	С	Net income or (loss) from fun	ndraising e <u>vents.</u>		0.			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19	9a	0.				
	b	Less: direct expenses	9b	0.				
	С	Net income or (loss) from ga		▶	0.			
	10a	Gross sales of invento	ry, less					
		returns and allowances	•	0.				
	b	Less: cost of goods sold	10b	0.				
	c	Net income or (loss) from sale	es of inventory	<del>. •</del>	0.			
<u>s</u>				Business Code				
Miscellaneous Revenue	11a							
ang	b							
scellaned Revenue	c							
is R	d	All other revenue						
≥	e	Total. Add lines 11a-11d		▶	0.			
	12	Total revenue. See instruction			575,614,253.		-2,740,136.	59,714,325.

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## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations									
-	and domestic governments. See Part IV, line 21	405,263,615.	405,263,615.							
2	Grants and other assistance to domestic									
-	individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
Ū	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0.								
4	Benefits paid to or for members	0.								
	Compensation of current officers, directors,									
	trustees, and key employees	0.								
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages	0.								
	Pension plan accruals and contributions (include									
-	section 401(k) and 403(b) employer contributions)	0.								
9	Other employee benefits	0.								
	Payroll taxes	0.								
	Fees for services (nonemployees):									
а	Management	0.								
	Legal	110,904.		110,904.						
	Accounting	114,950.		114,950.						
d	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.	0.								
f	Investment management fees	10,962,921.		10,962,921.						
g	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.).	1,578,873.		1,578,873.						
12	Advertising and promotion	0.								
13	Office expenses	0.								
14	Information technology	0.								
15	Royalties	0.								
16	Occupancy	0.								
17	Travel	0.								
18	Payments of travel or entertainment expenses	_								
	for any federal, state, or local public officials	0.								
	Conferences, conventions, and meetings	0.								
	Interest	0.								
21	Payments to affiliates	0.								
22	Depreciation, depletion, and amortization	0.								
	Insurance	0.								
<b>2</b> 4	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.)									
_										
_										
d										
	All other expenses									
	Total functional expenses. Add lines 1 through 24e	418,031,263.	405,263,615.	12,767,648.						
	<b>Joint costs.</b> 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)	0.								

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## Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this P	art X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	383,770,813.	2	275,654,104.
	3	Pledges and grants receivable, net	90,166,284.	3	60,067,648.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .	0.	6	0.
Ø	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	0.	9	0.
		Land, buildings, and equipment: cost or other	Ű.	9	
	IVa	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	0	10c	0.
	11		375,777,141.	11	392,925,203.
	12	Investments - publicly traded securities	1,434,208,881.	12	1,786,632,902.
	13	Investments - other securities. See Part IV, line 11	0.	13	0.
		Investments - program-related. See Part IV, line 11	0.	14	0.
	14	Intangible assets	20,739,750.	15	42,194,085.
	15	Other assets. See Part IV, line 11	2,304,662,869.	16	2,557,473,942.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0.	17	0.
	17	Accounts payable and accrued expenses	0.	18	0.
	18	Grants payable	1,500,953.		0.
	19	Deferred revenue	0.	19	0.
	20 21	Tax-exempt bond liabilities.	18,239,631.	20 21	16,751,365.
	22	Escrow or custodial account liability. Complete Part IV of Schedule D	10,237,031.	21	10,731,303.
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
ij			0.	22	0.
Lia	22	controlled entity or family member of any of these persons	0.	23	0.
	23 24	Secured mortgages and notes payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third	· ·	24	0.
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	329,417,318.	25	390,029,930.
	26	Total liabilities. Add lines 17 through 25	349,157,902.	26	406,781,295.
	20	_	313/13//3021	20	10077017255.
Fund Balances		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions.		28	
pq	20	Organizations that do not follow FASB ASC 958, check here ▶ 🏋		20	
교		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0.	29	0.
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.	0.	30	0.
SS	31	Retained earnings, endowment, accumulated income, or other funds.	1,955,504,967.	31	2,150,692,647.
	32	Total net assets or fund balances	1,955,504,967.	32	2,150,692,647.
Net	33	Total liabilities and net assets/fund balances	2,304,662,869.	33	2,557,473,942.
		. Stat. Respirated with that decetoring a parameter [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	, , 0 0 2 , 0 0 0 7 .	55	Form <b>990</b> (2019)

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Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		75,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2		18,0 57,5			
3	Novemberes expenses. Subtractific 2 normific is a salar						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5		37,604,690.			
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	2,1	50,6	92,6	47.	
Part	·						
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>		
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, ex	xplain	on				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b			

Form **990** (2019)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization FOUNDATION

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number 94-2829914

							7	
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative		•	-			
4		A medical research organiz	•	•				(iii). Enter the
		hospital's name, city, and st	•	,	•		( ) ( ) (	· ,
5	X	An organization operated t		a college or universit	v owne	d or ope	erated by a governme	ntal unit described in
•		section 170(b)(1)(A)(iv). (C		a comege of animoron	.,	ч о. оро		
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(v)	
7		An organization that norma	•			•	, , , , , , ,	om the general nublic
•		described in section 170(b)	=	•	ipport iii	om a go	verninental unit of the	on the general public
8		A community trust describe		•	Part II \			
9		An agricultural research org	-		-		Lin conjunction with a	land grant college
9			=			-	<del>-</del>	
		or university or a non-land-	grant college of ag	griculture (see instruct	.ions). E	nier ine i	name, dity, and state of	i the college of
		university:	II.,	+b 22. (a.0/ -f.it-		. <b>.</b>		.i. f
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f rent income and u n after June 30, 19	unctions - subject to on the subject to one of the subject to subj	certain e able inco ( <b>a)(2).</b> (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3% of its
11		An organization organized	•	•	•		` ' ' '	
12		An organization organized		-	-			
		of one or more publicly su	pported organizati	ons described in sect	tion 509	<b>(a)(1)</b> or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box in lines 12a t	hrough 12d that de	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		$oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization. \	ou must complet	e Part IV, Sections A	and B.			
b	L	☐ Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	ly integrated with,
		its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.	
d		Type III non-functionally						ted organization(s)
		that is not functionally inte						= ::
		requirement (see instruct	-	<del>-</del>	-		•	
е		Check this box if the orga	•	-				I, Type III
		functionally integrated, or					* * * * * * * * * * * * * * * * * * * *	, ,,
f	En	ter the number of supported						
g		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10		ur governing ment?	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
(A)								
(D)								
(B)								
/C\								
(C)								
(D)								
(D)								
(E)								
(E)					<u></u>			
Ter								
Tot	aı						1	1

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	220,051,429.	197,815,204.	459,384,292.	364,307,068.	518,640,064.	1,760,198,057.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	220,051,429.	197,815,204.	459,384,292.	364,307,068.	518,640,064.	1,760,198,057.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						ADE 274 627		
6	shown on line 11, column (f)						425,376,637.		
_	tion B. Total Support						1,334,821,420.		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
	Amounts from line 4	220,051,429.	197,815,204.	459,384,292.	364,307,068.	518,640,064.			
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,132,274.	30,784,277.	34,205,426.	19,659,409.	14,537,920.	117,319,306.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						1,877,517,363.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12			
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	<u> </u>							
Sec	tion C. Computation of Public Sup		•						
14	Public support percentage for 2019 (li					14	71.10%		
15	Public support percentage from 2018					15	75.39 <b>%</b>		
16a	331/3% support test - 2019. If the org	_							
	box and <b>stop here.</b> The organization q								
b	331/3% support test - 2018. If the org								
	this box and <b>stop here.</b> The organization	•		•					
17a	10%-facts-and-circumstances test - 2								
	10% or more, and if the organization					•	•		
	Part VI how the organization meets t			=	· ·	-			
L	organization								
b	10%-facts-and-circumstances test - 2	_							
	15 is 10% or more, and if the organization in Part VI how the organization						-		
	Explain in Part VI how the organization				_				
10	supported organization								
18									
	instructions						· · · · · ·		

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

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

500	tion A Bublic Support			· · ·	<u> </u>	,	
	tion A. Public Support	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
_	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2013	(b) 2010	(6) 2017	(u) 2010	(e) 2019	(i) iotai
1	, , , , , , , , , , , , , , , , , , , ,						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	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.)						
Sec	tion B. Total Support		•	•	•		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ition's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .						▶ 🔃
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,		-			15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment	Income Pero	centage				
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the org	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3 %, check thi	s box and <b>sto</b>	<b>p here.</b> The org	anization qualifie	s as a publicly	supported organi	ization . ►
b	331/3% support tests - 2018. If the orga	ınization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions -

19111

Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 <b>Part VI</b> 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 <b>Part VI</b> 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, the determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
_		
3b		
30		
30		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
ah		
30		
9с		
10a		
10b		
	2 3a 3b 3c 4a 4b 4c 5a 5b 5c	1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
_			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <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 in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organize	•	• • •	•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	=	•	

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
7	and 4c.			
8	Breakdown of line 7:			
<u>о</u> а	Excess from 2015			
a b	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018 . . . e Excess from 2019 . . .

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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

Schedule A (Form 990 or 990-EZ) 2019

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

	. , . ,	that have NOT filed Form 5768 (elections France 200 Part NV Brands 5 (Brands)	• • •	•	-
ir the Tax)	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy า	r rax) (see separate ir	istructions) or Form 990-1	EZ, Part V, line 35C (Proxy
	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization UNIVERSIT	Y OF CALIFORNIA SAN FRA	NCISCO	Employer ide	ntification number
FOU	JNDATION			94-282	9914
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (see ir	structions for
	definition of "political campa	ign activities")			
2	Political campaign activity e	xpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instructio	ns)		
	rt I-B Complete if the o	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 ► \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3	).
1		xpended by the filing organization			
2	Enter the amount of the filin	g organization's funds contributed	I to other organization	ons for section	
2		enditures. Add lines 1 and 2. En			
3	line 17b			▶\$	
<b>4 5</b>	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, ertributions received that were prond or a political action committee (	per (EIN) of all section nter the amount paid nptly and directly de	on 527 political organiza I from the filing organizalivered to a separate po	ations to which the filing cation's funds. Also enter ditical organization, such
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)			-		
(6)			_		

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

Schedule C (Form 990 or 990-EZ) 2019

001	ledule C (Folili 990 ol 990-EZ) 2019 014-	LVHRDIII OI	CILLII OICIVIII DII	IV ITUINCIBCO	7 1 2	OZJJII Faye
P	art II-A Complete if the organ section 501(h)).	ization is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α	Check ▶ if the filing organization address, EIN, expense	•	• • •		ich affiliated group mem	ber's name,
В	Check ▶ if the filing organization	on checked box A	A and "limited contro	ol" provisions app	ly.	
		Lobbying Expen			(a) Filing	(b) Affiliated
	(The term "expenditure	s" means amour	nts paid or incurred.	)	organization's totals	group totals
18	a Total lobbying expenditures to influ	ence public opin	on (grassroots lobb	ying)		
	<b>b</b> Total lobbying expenditures to influ	_				
	c Total lobbying expenditures (add lii					
	d Other exempt purpose expenditure					
	e Total exempt purpose expenditures	•	•			
f	f Lobbying nontaxable amount. Ent	er the amount	from the following	table in both		
	columns.					
	If the amount on line 1e, column (a) or		_	is:		
	Not over \$500,000		amount on line 1e.			
	Over \$500,000 but not over \$1,000,00		us 15% of the excess			
	Over \$1,000,000 but not over \$1,500,0		us 10% of the excess			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
_	Over \$17,000,000  g Grassroots nontaxable amount (en	\$1,000,000 ter 25% of line 1f				
	<b>h</b> Subtract line 1g from line 1a. If zer					
	i Subtract line 1f from line 1c. If zero					
	ight for the is an amount other than				ion file Form 4720	
,	reporting section 4911 tax for this			_		Yes No
			aging Period Unde			
	(Some organizations that m	ade a section 50	1(h) election do no	t have to comple	ete all of the five colum	nns below.
		See the separa	te instructions for I	ines 2a through	2f.)	
		Lobbying Exper	nditures During 4-Yo	ear Averaging Pe	riod	I
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) Total
28	Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
_	c Total lobbying expenditures					
_	d Grassroots nontaxable amount					
_	e Grassroots ceiling amount (150% of line 2d, column (e))					
f	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

9E1265 1.000 0807CR M200

Schedule C (Form 990 or 990-EZ) 2019 Page **3** 

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	68		<u> </u>
	and "Man" response on lines to through the below provide in Part IV a detailed	(a	a)		(b)	)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:		37				
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.  Media advertisements?		X				
C C	Mailings to members, legislators, or the public?		Х				
d e	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?	X				200	,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?		Х				
j	Total. Add lines 1c through 1i					200	,000
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	<u> </u>		
	501(c)(6).	`	•				
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	m the	prior	year?	3		
Pa	till-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	ınts (	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	TIV Supplemental Information	4	12 - 4	\ Dt	II A II:	4	
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate se instructions); and Part II-B, line 1. Also, complete this part for any additional information.	a grou	ıp iist	); Part	II-A, III	nes 1	and
اد) ک	e instructions), and Fart IPD, line 1. Also, complete this part for any additional information.						
CEI	PAGE 4						
SEI	FAUL 1						

Schedule C (Form 990 or 990-EZ) 2019

### Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B

A GRANT WAS MADE TO CALIFORNIA COALITION FOR PUBLIC HIGHER EDUCATION

ISSUES COMMITTEE

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

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO Employer identification number

FOU	UNDATION		94-2829914
Pa	art I Organizations Maintaining Donor Advised Funds or Other Simila		Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV	√, line 6.	
	(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive lega	al control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing	that grant fu	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor adv	visor, or for a	ny other purpose
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.		
	Complete if the organization answered "Yes" on Form 990, Part IV		
1	Purpose(s) of conservation easements held by the organization (check all that ap	ply).	
			of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation or	ontribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure included in (a	a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguish	ned, or termi	inated by the organization during t
	tax year		
4	Number of states where property subject to conservation easement is located <b>&gt;</b>		
5	Does the organization have a written policy regarding the periodic monitor		-
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, a	and enforcing	conservation easements during the ye
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and	d enforcing co	onservation easements during the ye
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirement		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its		
	balance sheet, and include, if applicable, the text of the footnote to the organiza	ation's financi	ial statements that describes the
D	organization's accounting for conservation easements.	Oth	- Circilon Access
Ρĕ	art III Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" on Form 990, Part IV		r Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in of art, historical treasures, or other similar assets held for public exhibition,	in its revenue	e statement and balance sheet wor
	service, provide in Part XIII the text of the footnote to its financial statements that	t describes th	nese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in it	ts revenue st	tatement and balance sheet works
	art, historical treasures, or other similar assets held for public exhibition, educe provide the following amounts relating to these items:		·
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or ot		assets for financial gain, provide t
	following amounts required to be reported under FASB ASC 958 relating to thes	se items:	
а	Revenue included on Form 990, Part VIII, line 1.		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintain	ing Collections of	Art, Historical Tre	easures, or	Other Sim	ilar Assets (d	continu		age <b>=</b>
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of the	following t	that make sigr	nificant	use c	of its
	collection items (check all that app	oly):							
а	Public exhibition		d Loan	or exchange	program				
b	Scholarly research		e Other						
С	Preservation for future gene	erations							
4	Provide a description of the orga	nization's collections	and explain how	they further	the organiz	ation's exemp	t purpo	se in	Part
	XIII.								
5	During the year, did the organization	on solicit or receive o	donations of art, hist	orical treasur	es, or other	similar			
	assets to be sold to raise funds rat	her than to be mainta	ained as part of the	organization's	s collection?	? [	Yes		No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ation answered "Ye	es" on Form 990, F	Part IV, line	9, or repor	ted an amoui	nt on F	orm	
	990, Part X, line 21.								
1 a	Is the organization an agent, trust						_		,
	included on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement	in Part XIII and comp	plete the following ta	ble:					
						Amount			
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an an						X Yes		No
	If "Yes," explain the arrangement	n Part XIII. Check h	ere if the explanatior	n has been pro	ovided on Pa	art XIII			
Pa	rt V Endowment Funds.	- 4:	" F- ···- 000 I	D = 14 IV / II:	40				
	Complete if the organize								
		(a) Current year	(b) Prior year	(c) Two years		Three years back	(e) Fou		
1 a	Beginning of year balance	1602091541.	1432799187.	1088502		3,384,508.	947,		
b	Contributions	184,203,962.	169,666,191.	289,539,	860. 47	7,525,361.	93,	644,	538.
С	Net investment earnings, gains,								
	and losses	78,860,040.	72,840,273.			2,289,091.	-42,		
d	Grants or scholarships	79,885,473.	68,269,110.	57,321,	096. 49	9,696,398.	39,	788,	326.
е	Other expenditures for facilities								000
	and programs	5 450 000	4 0 4 5 0 0 0					575,	000.
f	Administrative expenses	5,450,000.	4,945,000.	1420500	100 10	200500560	050	201	
g	End of year balance	1779820070.	1602091541.	1432799		)88502562.	958,	384,	508.
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) l	held as:				
а	Board designated or quasi-endowr	nent ▶ <u>38.9700</u>	<u>_</u> %						
	Permanent endowment ► 50.1								
С	Term endowment ► 10.0500		4000/						
٥-	The percentages on lines 2a, 2b,	•				l <b>-</b> +l			
3a	Are there endowment funds not in	the possession of the	ne organization that	are neid and	i administer	ed for the		Yes	No
	organization by:						20(i)	163	X
	(i) Unrelated organizations						3a(i)	X	
_	(ii) Related organizations						3a(ii) 3b	X	
_	If "Yes" on line 3a(ii), are the relat	•	•				30	71	
4	Describe in Part XIII the intended rt VI Land, Buildings, and Eq		tion's endowment tu	nas.					—
Га	Complete if the organiz	ation answered "Y	es" on Form 990,	Part IV, line	11a. See l	Form 990, Pa	rt X, lir	ne 10	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accumula		l) Book v	alue	
1 2	Land		tment) (d	other)	depreciatio	N11			
	Buildings								
	Leasehold improvements								
d									
	Equipment								
	Other		n 990 Part X colum	n (B) line 100	<del> </del>	•			

Schedule D (Form 990) 2019 Page 3

Part VII Investments - Other Securities.  Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11b. See Form 990, Pa	art 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 va	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PRIVATE EQUITIES	497,377,813.	FMV	
(B) REAL ESTATE/REITS	88,784,150.	FMV	
(C) OTHER INVESTMENTS	4,270,437.	FMV	
(D) COMMINGLED EQUITY	1,196,200,502.	FMV	
(E)			
(F) (G)			
( <del>)</del> (H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,786,632,902.		
Part VIII Investments - Program Related.	17.00703273021		
Complete if the organization answered	l "Yes" on Form 990	. Part IV. line 11c. See Form 990. Pa	rt X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	,
(a) Bosomphon of invocations	(b) Book value	Cost or end-of-year market va	ılue
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.  Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11d. See Form 990, Pa	rt X, line 15.
<b>(a)</b> De	scription		(b) Book value
<u>(1)</u>			
_(2)			
_(3)			
_(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total (Column (b) must equal Form 000, Part V, eq. (P) (	ino 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	irie 15.)		
Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 9	90, Part X,
	otion of liability		(b) Book value
(1) Federal income taxes	and or madmity		(3) 20011 10100
(2) OTHER LIABILITIES			51,332,039
(3) FUNDS HELD FOR BENEFIT OF OTHE			266,945,457.
(4) ANNUITIES PAYABLE			8,033,993
(5) PAYABLE FOR INVESTMENTS PURCHA			12,448,007
(6) INTER-UNIT PAYABLE			51,270,434
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>		390,029,930.
2. Liability for uncertain tax positions. In Part XIII, provide the			eports 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

19111

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SCHE	DULE D, PART IV, LINE 2B		
THE	ORGANIZATION SERVES AS TRUSTEE FOR CHARITABLE REMAINDER TRUSTS.		
SCHE	DULE D, PART V, LINE 4 THE ENDOWMENT EXISTS EXCLUSIVELY TO SUPPORT		
THE .	ACTIVITIES OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO.		

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2019

#### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

94-2829914

Employer identification number

FOUNDATION				94-28299	14
<b>General Information</b> Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	inswered "Yes" on
1 For grantmakers. Does the or other assistance, the grantees award the grants or assistance?	eligibility for t	the grants or	assistance, and the selec	ction criteria used to	Yes No
2 For grantmakers. Describe in outside the United States.	_	·		-	d other assistance
3 Activities per Region. (The follo	(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	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS	N/A	658,623,785.
(2) EUROPE	0.	0.	INVESTMENTS	N/A	92,241,330.
<b>(3)</b> ASIA	0.	0.	INVESTMENTS	N/A	85,732,413.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
3a Subtotal					836,597,528.
sheets to Part I  c Totals (add lines 3a and 3b)					836,597,528.

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

9E1274 1.000 0807CR M200

V 19-8.4F 19111 Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part II	Grants and Other Assist Part IV, line 15, for any re							ed "Yes" on	Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) 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)									
by t	er total number of recipient orga he IRS, or for which the grantee	or counsel has prov	rided a section 501(c)(3) e	quivalency lette	er		<b>•</b>		
<b>3</b> Ent	er total number of other organiz	ations or entities	<u> </u>				<u> 🕨</u>		

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							
_(8)							
_(9)							
<u>(10)</u>							
<u>(11)</u>							
(12)							
(13)							
(14)							
<u>(</u> 15)							
<u>(16)</u>							
<u>(17)</u>							
(18)							

Schedule F (Form 990) 2019 Page **4** 

Part	IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? 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)	□ 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)	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)  Yes	□ 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)	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)  Yes	X No

Schedule F (Form 990) 2019

JSA

9E1277 1.000 0807CR M200 Schedule F (Form 990) 2019 Page **5** 

## Part V Supplem

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINES 3, COLUMN(F)

TOTAL AMOUNT REPRESENTS BOOK VALUE OF INVESTMENTS.

Schedule F (Form 990) 2019

# SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2019

**Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number

FOUNDATION						94-282991	.4
Part I General Information on Grants and	Assistanc	е				•	
<ol> <li>Does the organization maintain records to sul the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's procedu</li> </ol>	or assistanc	e?					Yes X No
Part II Grants and Other Assistance to Do		_			. •		es" on Form 990,
Part IV, line 21, for any recipient the	at received	more than \$5	,000. Part II can I	pe duplicated if a	additional space is r	needed.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	(h) Purpose of grant or assistance
(1) REGENTS OF THE UNIVERSITY OF CALIFORNIA							
1111 FRANKLIN STREET OAKLAND, CA 94607	94-3067788	501(C)(3)	404,253,411.				SEE PART IV
(2) OAKLAND CHILDREN'S HOSPITAL AND RESEARCH CE							
747 52ND ST OAKLAND, CA 94609	94-0382330	501(C)(3)	1,010,204.				SEE PART IV
(3) CALIFORNIA COALITION FOR PUBLIC HIGHER EDUC							
638 LINDERO CANYON RD OAK PARK, CA 91377	45-2426122	501(C)(4)	200,000.				SEE PART IV
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and g</li> <li>3 Enter total number of other organizations liste</li> </ul>		•					

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

Schedule I (Form 990) (2019)

Page 2

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

GRANTS AND ALLOCATIONS

OF THE UNIVERSITY OF CALIFORNIA, EXCLUSIVELY FOR THE BENEFIT OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO (UCSF). THE REGENTS OF THE

UNIVERSITY OF CALIFORNIA ASSUMES RESPONSIBILITY FOR MONITORING ITS GRANTS

ALL CONTRIBUTIONS RECEIVED BY THE FOUNDATION ARE GRANTED TO THE REGENTS

TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES AND ARE NOT

OTHERWISE DIVERTED FROM ITS INTENEDED USE.

Page 2

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H)

CAPITAL AND OTHER ENTERPRISE/PROGRAMMATIC NEEDS

PART II, LINE 2, COLUMN (H)

CAPITAL AND OTHER ENTERPRISE/PROGRAMMATIC NEEDS

Page 2

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
3					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART II, LINE 3, COLUMN (H)

TO SUPPORT POSITIONS ON POLICY ISSUES THAT AFFECT CALIFORNIA'S UNIVERSITY

AND COMMUNITY COLLEGE SYSTEMS.

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

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

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

FOUNDATION

Employer identification number 94-2829914

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
J	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	<b>a</b>		

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

Schedule J (Form 990) 2019

UNIVERSITY OF CALIFORNIA SAN FRANCISCO 94-2829914

Schedule J (Form 990) 2019

# 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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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
JENNIFER ARNETT	(i)	0.	0.	0.	0.	0.	0.	0.
1VICE PRESIDENT	(ii)	496,975.	0.	11,124.	0.	18,536.	526,635.	0.
JOHN STEPHENS DOWNS	(i)	0.	0.	0.	0.	0.	0.	0.
2SECRETARY	(ii)	82,863.	0.	41,621.	0.	12,060.	136,544.	0.
JOHN FORD	(i)	0.	0.	0.	0.	0.	0.	0.
3VICE PRESIDENT	(ii)	100,535.	0.	0.	0.	0.	100,535.	0.
SAMUEL HAWGOOD	(i)	0.	0.	0.	0.	0.	0.	0.
4PRESIDENT	(ii)	878,023.	0.	21,108.	0.	29,768.	928,899.	0.
PAUL JENNY	(i)	0.	0.	0.	0.	0.	0.	0.
5TREASURER	(ii)	405,045.	0.	2,148.	0.	5,548.	412,741.	0.
KAUSHAL SHAH	(i)	0.	0.	0.	0.	0.	0.	0.
6ASSISTANT TREASURER	(ii)	222,254.	0.	0.	0.	35,718.	257,972.	0.
JOHN GARDNER TRIMBLE	(i)	0.	0.	0.	0.	0.	0.	0.
7ASSISTANT SECRETARY	(ii)	209,045.	0.	0.	0.	24,855.	233,900.	0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

UNIVERSITY OF CALIFORNIA SAN FRANCISCO 94-2829914

Schedule J (Form 990) 2019

## 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.

SCHEDULE J

THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES. NONE OF THE LISTED

INDIVIDUALS RECEIVED ANY COMPENSATION FROM THE FILING ORGANIZATION.

DURING FY20, EACH WAS AN EMPLOYEE OF THE UNIVERSITY OF CALIFORNIA, SAN

FRANCISCO, A RELATED ORGANIZATION.

### **SCHEDULE L**

# Transactions With Interested Persons

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service UNIVERSITY OF CALIFORNIA SAN FRANCISCO Name of the organization **Employer identification number** FOUNDATION 94-2829914 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (f) Balance due (g) In default? (h) Approved (i) Written (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4) (5)(6)(7)(8)(9)(10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5)

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

Schedule L (Form 990 or 990-EZ) 2019

(6) (7)(8) (9) (10)

Schedule L (Form 990 or 990-EZ) 2019 Page 2

#### Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1) ROUT	E ONE INVESTMENT COMPANY	DIRECTOR - EQUITY MEMBER	2,149,881.	INVESTMENT MANAGEMENT FEES		Х
<b>(2)</b> ROUT	E ONE INVESTMENT COMPANY	DIRECTOR - EQUITY MEMBER	13,667,000.	INVESTMENT CONTRIBUTION		Х
_(3)						
(4)						
_(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

### Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV

A DIRECTOR IS A PORTFOLIO MANAGER AT AN INVESTMENT COMPANY AND HAS A 35% INTEREST IN THAT COMPANY. THE INVESTMENT COMPANY MANAGES INVESTMENTS ON BEHALF OF THE UCSF FOUNDATION. THE DIRECTOR RECUSES HIMSELF FROM ALL DISCUSSIONS AND VOTING RELATED TO THE COMPANY.

# SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Internal Revenue Service

Name of the organization

FOUNDATION

Department of the Treasury

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number 94-2829914

Types of Property Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 6 Cars and other vehicles 7 Intellectual property 326. 99,968,109. Χ FMV Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other ►( 26 Other ►( Other ►( 27 28 Other ►( Number of Forms 8283 received by the organization during the tax year for contributions for 29 2. which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2** 

Part II Supplen

**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, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

THE SOLICITATION AND PROCESSING OF NON-CASH GIFTS.

SCHEDULE M, LINE 32

THE FOUNDATION USES A BANK OR OTHER FINANCIAL INSTITUTION TO FACILITATE
THE SALE OF PUBLICLY TRADED STOCK. THE FOUNDATION ALSO UTILIZES THE
SERVICES OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO TO ASSIST WITH

Schedule M (Form 990) (2019)

19111

## SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

UNIVERSITY OF CALIFORNIA SAN FRANCISCO Employer ide

Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISC FOUNDATION

Employer identification number 94-2829914

FORM 990, PART I, LINE 1 AND PART III, LINE 1
ORGANIZATION'S MISSION

THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO(UCSF) IS AMONG THE WORLD'S LEADING UNIVERSITIES DEDICATED TO ADVANCING HEALTH WORLDWIDE THROUGH BIOMEDICAL RESEARCH, GRADUATE-LEVEL EDUCATION IN THE LIFE SCIENCES AND HEALTH PROFESSIONS, AND EXCELLENT PATIENT CARE. THE UCSF FOUNDATION AND ITS VOLUNTEER BOARD OF DIRECTORS SUPPORT UCSF'S CORE MISSION BY RAISING PRIVATE FUNDS FOR THE UNIVERSITY.

UCSF IS DEVOTED AT EVERY LEVEL TO SERVING THE PUBLIC IN SAN FRANCISCO AND BEYOND. IT DELIVERS A SUBSTANTIAL NATIONAL AND GLOBAL IMPACT BY TRAINING THE NEXT GENERATION OF SCIENTISTS AND HEALTH CARE PROFESSIONALS, CONDUCTING BREAKTHROUGH RESEARCH, TRANSLATING SCIENTIFIC DISCOVERIES INTO EXCEPTIONAL CARE, AND MAKING HEALTH ADVANCES MORE ACCESSIBLE TO VULNERABLE POPULATIONS.

GIFTS FROM PRIVATE DONORS KEEP UCSF AMONG THE TOP HEALTH-SCIENCE

UNIVERSITIES IN THE WORLD BY ENABLING THE UNIVERSITY TO ATTRACT AND

RETAIN TOP FACULTY MEMBERS AND STUDENTS, FUNDING RESEARCH THAT LEADS TO

GROUNDBREAKING DISCOVERIES, AND SUPPORTING THE DELIVERY OF

WORLD-CLASS, COMPASSIONATE CARE.

THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO FOUNDATION (THE FOUNDATION)

Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number

94-2829914

ENCOURAGES AND MANAGES INDIVIDUAL, CORPORATE, AND FOUNDATION GIFTS TO ALL UCSF SCHOOLS AND PROGRAMS, AND TOGETHER WITH UCSF, ENSURES THAT GIFTS ARE USED IN STRICT ACCORDANCE WITH DONORS' WISHES.

### ACCOMPLISHMENTS

==========

IN 2020, DISTRIBUTIONS TO UCSF AND RELATED AFFILIATES TOTALED \$405

MILLION. DISTRIBUTIONS ARE BASED ON UCSF'S PROGRAMMATIC NEEDS, SUBJECT TO

GIFT RESTRICTIONS AND THE FUNDS AVAILABLE IN ANY PARTICULAR YEAR. THEY

INCLUDE TRANSFERS OF GIFTS INTENDED TO FUND CAPITAL PROJECTS, GIFTS FOR

OTHER PURPOSES, AND ENDOWMENT INCOME.

2020 DISTRIBUTIONS FOR CAPITAL PROJECTS - INCLUDING CENTER FOR VISION NEUROSCIENCE BUILDING, WEILL NEUROSCIENCE BUILDING, PRECISION CANCER MEDICINE BUILDING, THE MISSION BAY HOSPITAL COMPLEX, SANDLER NEUROSCIENCES CENTER, MARSON LAB, ZUCKERBERG SAN FRANCISCO GENERAL AND 2130 THIRD STREET DEPARTMENT OF PSYCHIATRY BUILDING - TOTALED \$52 MILLION. NONCAPITAL DISTRIBUTIONS SUPPORTING RESEARCH, FACULTY, INSTITUTIONAL SUPPORT, MEDICAL CENTER, TEACHING HOSPITAL AND INSTRUCTION NEEDS TOTALED \$353 MILLION.

FORM 990, PART I, LINE 6 TOTAL NUMBER OF VOLUNTEERS

BOARD MEMBERS SERVE ON A VOLUNTARY BASIS.

FORM 990, PART IV, LINE 35A

VARIOUS CHARITABLE REMAINDER TRUSTS WERE CONTROLLED ENTITIES OF THE FILING ORGANIZATION UNDER SECTION 512(B)(13). THESE CHARITABLE REMAINDER TRUSTS WERE REPORTED ON SCHEDULE R, PART IV.

FORM 990, PART VI, SECTION B, LINE 11 FORM 990 REVIEW PROCESS

THE FORM 990 WAS PREPARED WITH THE ASSISTANCE OF A PAID PREPARER. THE FOUNDATION'S FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE, AND MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. THE NON-PUBLIC SCHEDULE B IS REVIEWED BY UCSF'S CHANCELLOR, UCSF'S VICE CHANCELLOR FOR DEVELOPMENT, AND THE CHAIR OF THE FOUNDATION'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C CONFLICTS OF INTEREST

THE BOARD AND OFFICERS OF THE FOUNDATION ARE SUBJECT TO CONFLICT OF
INTEREST POLICIES ESTABLISHED BY THE REGENTS OF THE UNIVERSITY OF
CALIFORNIA UNDER THE CONSTITUTION AND LAWS OF THE STATE OF CALIFORNIA. IN
ADDITION, OFFICERS AND DIRECTORS ARE REQUIRED TO RESPOND TO AN ANNUAL
CONFLICT OF INTEREST QUESTIONNAIRE. THE SECRETARY REVIEWS THE
QUESTIONNAIRES AND DISCUSSES WITH SENIOR MANAGEMENT AND THE AUDIT
COMPLIANCE AND RISK MANAGEMENT COMMITTEE CHAIR AS APPROPRIATE. DEPENDING
ON THE NATURE OF THE CONFLICT, THE INDIVIDUAL WILL BE ASKED TO RECUSE
THEMSELVES FROM DISCUSSIONS AND/OR ABSTAIN FROM VOTING.

Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number

94-2829914

FORM 990, PART VI, SECTION B, LINE 15 COMPENSATION POLICY

THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES. NONE OF THE LISTED INDIVIDUALS RECEIVED ANY COMPENSATION FROM THE FILING ORGANIZATION.

DURING FY20, EACH WAS AN EMPLOYEE OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO, A RELATED ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19 AVAILABILITY OF DOCUMENTS

THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION'S GOVERNING

DOCUMENTS, FINANCIAL STATEMENTS, AND THE CONFLICT OF INTEREST POLICY

PROMULGATED BY THE REGENTS OF CALIFORNIA ARE AVAILABLE ON THE UNIVERSITY

OF CALIFORNIA SAN FRANCISCO'S WEBSITE AND UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 16B

WHILE THERE IS NO WRITTEN POLICY REGARDING REVIEW OF ARRANGEMENTS WITH TAXABLE ENTITIES, PRIOR TO ENTERING INTO SUCH AGREEMENTS THE FOUNDATION ENGAGES THE SERVICES OF LEGAL COUNSEL TO REVIEW THE AGREEMENTS, IN PART TO ENSURE THAT THE AGREEMENTS ARE CONSISTENT WITH THE FOUNDATION'S MISSION AND WOULD NOT JEOPARDIZE THE FOUNDATION'S TAX EXEMPT STATUS.

FORM 990, PART VI, SECTION A, LINE 2 FAMILY RELATIONSHIP

DORIS FISHER & WILLIAM FISHER - MOTHER & SON

Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO

FOUNDATION

Employer identification number

94-2829914

FORM 990, PART IV, LINE 4 CHANGES TO THE BYLAW

\_\_\_\_\_\_

THE FOLLOWING CHANGES WERE MADE TO THE BYLAW:

- -BOARD OF OVERSEERS CHANGED TO BOARD OF DIRECTORS THROUGHOUT THE DOCUMENT.
- -TERM LIMITS REDUCED FROM NINE YEARS TO SIX (THREE/THREE-YEAR TERMS TO TWO/THREE-YEAR TERMS).
- -ADDED LANGUAGE ON REMOVAL OF A BOARD MEMBER FOR CAUSE.
- -UPDATED LANGUAGE ON USE OF ELECTRONIC MEETINGS OF THE BOARD.
- -ADDED SECTION THAT GIVES THE BOARD CHAIR THE RIGHT, IN CONSULTATION WITH COMMITTEE CHAIRS TO APPOINT ALL BOARD OR ADVISORY COMMITTEE CHAIRS AND MEMBERS OF EACH COMMITTEE.
- -MODIFIED THE MAKE-UP OF THE EXECUTIVE COMMITTEE OF THE BOARD AND THEIR ROLE.
- -RENAMED THE AUDIT COMMITTEE TO BE AUDIT, COMPLIANCE AND RISK MANAGEMENT
- -UPDATED THE ROLES AND RESPONSIBILITIES OF THE NOMINATING AND GOVERNANCE COMMITTEE.
- -CLARIFIED LANGUAGE REGARDING THE EXECUTIVE COMMITTEES ROLE IN NOMINATING THE CHAIR AND VICE CHAIR.
- -UPDATED THE ROLES AND RESPONSIBILITIES OF ALL OFFICERS AND CLARIFIED WHICH STAFF WOULD FILL THOSE ROLES.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

IN 2020, DISTRIBUTIONS TO UCSF AND RELATED AFFILIATES TOTALED \$405 MILLION. DISTRIBUTIONS ARE BASED ON UCSF'S PROGRAMMATIC NEEDS,

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Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number

94-2829914

ATTACHMENT 1 (CONT'D)

SUBJECT TO GIFT RESTRICTIONS AND THE FUNDS AVAILABLE IN ANY

PARTICULAR YEAR. THEY INCLUDE TRANSFERS OF GIFTS INTENDED TO FUND

CAPITAL PROJECTS, GIFTS FOR OTHER PURPOSES, AND ENDOWMENT INCOME.

2020 DISTRIBUTIONS FOR CAPITAL PROJECTS - INCLUDING CENTER FOR

VISION NEUROSCIENCE BUILDING, WEILL NEUROSCIENCE BUILDING,

PRECISION CANCER MEDICINE BUILDING, THE MISSION BAY HOSPITAL

COMPLEX, SANDLER NEUROSCIENCES CENTER, MARSON LAB, ZUCKERBERG SAN

FRANCISCO GENERAL AND 2130 THIRD STREET DEPARTMENT OF PSYCHIATRY

BUILDING - TOTALED \$52 MILLION. NONCAPITAL DISTRIBUTIONS

SUPPORTING RESEARCH, FACULTY, INSTITUTIONAL SUPPORT, MEDICAL

CENTER, TEACHING HOSPITAL AND INSTRUCTION NEEDS TOTALED \$353

MILLION.

# ATTACHMENT 2

990,	PART VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
------	-----------	--------------	----	-----	------	---------	------	------	-------------

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ADVISORY RESEARCH 180 N STETSON AVE, STE 5500 CHICAGO, IL 60601	INV. MANAGEMENT	330,828.
FOCUSED INVESTORS 9777 WILSHIRE BLVD, SUITE 910 BEVERLY HILLS, CA 90212	INV. MANAGEMENT	291,844.
BRIGHTSTAR CAPITAL 650 FIFTH ST, 29TH FLOOR NEW YORK, NY 10019	INV. MANAGEMENT	286,544.
SEILER LLP THREE LAGOON DRIVE SUITE 400 REDWOOD CITY, CA 94065	ACCOUNTING SERVICES	111,335.
COLONIAL CONSULTING LLC 750 THIRD AVENUE	CONSULTING SERVICES	100,000.

Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO

FOUNDATION

Employer identification number

94-2829914

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

NEW YORK, NY 10017

ATTACHMENT 3

FORM 990, PART X - DEFERRED REVENUE

BEGINNING ENDING
DESCRIPTION BOOK VALUE BOOK VALUE

DEFERRED REVENUE 1,500,953.

TOTALS 1,500,953.

### 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.

Department of the Treasury Internal Revenue Service

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number 94-2829914

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)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					

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

(a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		12(b)(13) olled
						Yes	No
(1) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 94-3067788							
1111 FRANKLIN ST OAKLAND, CA 94607	HIGHER ED	CA	501(C)(3)	6	CA GOVT		X
(2) UCSF FAMILY HOUSE 94-2722663							
50 IRVING STREET SAN FRANCISCO, CA 94122	SEE PART VII	CA	501(C)(3)	6	N/A		X
(3) OAKLAND CHILDREN'S HOSPITAL AND RESEARCH 94-0382330							
747 52ND ST OAKLAND, CA 94609	HOSPITAL	CA	501(C)(3)	6	CA GOVT		X
(4) UCSF FOUNDATION INVESTMENT COMPANY 47-3599471							
220 MONTGOMERY STREET, 5TH FLO SAN FRANCISCO, CA 94104	SEE PART VII	CA	501(C)(3)	11A	UCSF FDN	X	
(5)							
(6)							
(7)							
· /	1						

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

Schedule R (Form 990) 2019

JSA

Schedule R (Form 990) 2019

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	income (related, unrelated, unrelated, excluded from unrelated, excluded from			d-of- Dispro		f total Share of end-of- ne year assets Disproportionate amount of Sche		Disproportionate				(j) eral or aging tner?	(k) Percentage ownership
		,,,		,			Yes	No		Yes	No					
(1) TRUEBRIDGE CAPITAL VENTURE PAR																
1011 HAMILTON RD #400 CHAPEL H	INVESTMENTS	NC	UCSF FOUNDATION	EXCLUDED	1,280,619.	53,485,387.		Х	0.		Х	99.7500				
(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	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) CHARITABLE REMAINDER TRUSTS (40)								
		CA	VARIOUS	TRUST				
(2) POOLED INCOME FUND (2)								
		CA	VARIOUS	TRUST				
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (I	Form 990) 2019	Page •
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	NO						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		X						
	Gift, grant, or capital contribution to related organization(s)		1b	Х							
	Gift, grant, or capital contribution from related organization(s)		1c		X						
	Loans or loan guarantees to or for related organization(s)		1d		X						
	Loans or loan guarantees by related organization(s)		1e		X						
f	Dividends from related organization(s)		1f								
	Sale of assets to related organization(s)		1g		X						
	Purchase of assets from related organization(s).		1h		X						
i	Exchange of assets with related organization(s).										
i	Lease of facilities, equipment, or other assets to related organization(s)		1j		X						
•											
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		X						
	Performance of services or membership or fundraising solicitations by related organization(s)		1m								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	Х							
	Sharing of paid employees with related organization(s)		10	Х							
			1n		Х						
	Reimbursement paid to related organization(s) for expenses		1q	Х							
q	Reimbursement paid by related organization(s) for expenses		14								
_	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 line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships are the instructions for information on who must complete this line, including covered relationships are the instructions of the instructions are the instructions of the instructions are the in	on thres									
_	(a) (b) (c)		(d)								
	Name of related organization  Transaction type (a-s)  Amount involved	Method of amou	of dete		ng						
	TAGGE TOTAL THE CONTRACT CONTRACT CONTRACT										

(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UCSF FOUNDATION INVESTMENT COMPANY	М	5,450,000.	FMV
(2) TRUEBRIDGE CAPITAL VENTURE PARTNERS LLC	S	3,811,150.	FMV
(3) CHARITABLE REMAINDER TRUSTS (9)	S	1,410,442.	FMV
(4)			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2019

Page 4 Schedule R (Form 990) 2019

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

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.

ty (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	ninant (related, excluded 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets (h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
		sections 512-514)	Yes	No			Yes	No	(Form 1003)	Yes	No	1
		(state or foreign country)				(state or foreign country) income (related, unrelated, excluded from tax under sections 512-514) results from tax under sections 512-514) results from tax under sections 512-514)						

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page **5** 

## Part VII Supplemental Information

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

PART II, LINE 4(B)

INVESTMENT MANAGEMENT SERVICES

PART II, LINE 2(B)

TEMPORARY LODGING FOR PATIENTS AND THEIR FAMILIES

PART III, LINE 1(A)

LIMITED PARTNERSHIP INTEREST IN:

TRUEBRIDGE CAPITAL VENTURE PARTNERS LLC, 82-3629417

1011 SOUTH HAMILTON RD #400, CHAPEL HILL, NC 27517