Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ 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.

OND 140. 1343-0041	
2021	
Open to Public	
Increation	

Α	For th	e 2021	calendar year, or tax year beginning	07/01/202	1 and ending	1		06	/30/202	2
В	Check if a	annlicable.	C Name of organization UNIVERSITY	OF CALIFORNIA SAN FR	ANCISCO	D	Employer ider	ntific	ation number	
_	Addre		FOUNDATION							
	chan		Doing business as				94-2829			
	Name	e change	Number and street (or P.O. box if mail is i	not delivered to street address)	Room/suite	I ■	Telephone nur	nber		
	→	l return	2001 THE EMBARCADERO 3				(415)47	76-	3618	
	termi	return/ inated	City or town, state or province, country, a	and ZIP or foreign postal code						
L	Amer retur		SAN FRANCISCO, CA 9413	33		G	Gross receipts	\$	1,424,7	23,202.
	Appli pend	ication ling	F Name and address of principal officer:	SAMUEL HAWGOOD		Н	(a) Is this a grou subordinates'	ıp retu ?	urn for Y	'es X No
			2001 THE EMBARCADERO, 3F	RD FL, SAN FRANCISCO,	CA 94133	3 H	(b) Are all subordi	nates	included?	'es No
<u> </u>	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	27	If "No," at	tach a	a list. See instruct	tions
J	Webs	ite: 🕨	WWW.UCSF.EDU			н	(c) Group exemp	otion r	number	
K	Form	of orgar	nization: X Corporation Trust	Association Other ▶	L Year o	of formation	: 1982 M 9	State	of legal domic	cile: CA
P	art I	Su	ımmary							
	1	Briefly	y describe the organization's mission or	most significant activities: SEE	SCHEDULE	0				
ě		•	, g							
anc										
ern	2	Check	this box if the organization di	scontinued its operations or dispo-	sed of more th	an 25% of	its net assets			
Governance	3		per of voting members of the governing	· · ·			1	3		35
⋖ర	1		per of independent voting members of the					4		35
Activities	5		number of individuals employed in cale					5		NONE
Ξ	6		number of volunteers (estimate if necess					6		60
Act	72		unrelated business revenue from Part VI					7a	5 2	61,194.
	ı a		nrelated business revenue from Fart vi					7 a		18,789.
	- 5	ivet ui	inelated pusifiess taxable income from r	-onii 990-i, Faiti, iiie ii	<u> </u>		Prior Year	7 10		nt Year
		Cantu	ibutions and grants (Dout VIII line 1h)					c		
ne	8		ibutions and grants (Part VIII, line 1h)				4,316,90			98,199.
Revenue	9		am service revenue (Part VIII, line 2g)			ONE		NONE		
Re			tment income (Part VIII, column (A), line				9,948,16			40,263.
	11		revenue (Part VIII, column (A), lines 5,					ONE		NONE
	12		revenue - add lines 8 through 11 (must				4,265,07			38,462.
	13		s and similar amounts paid (Part IX, colu				9,897,64			63,048.
	14		its paid to or for members (Part IX, colu					ONE		NONE
es	15		es, other compensation, employee bene					ONE		NONE
Expenses	16 a		ssional fundraising fees (Part IX, column				NO	ONE		NONE
×	b		fundraising expenses (Part IX, column (I							
_	17		expenses (Part IX, column (A), lines 11				8,170,08		20,1	10,666.
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 25)			8,067,73		456,6	73,714.
	19	Rever	nue less expenses. Subtract line 18 from	line 12	<u></u>	33	6,197,34	0.	265,8	64,748.
Net Assets or						Beginnir	ng of Current Y	ear	End of	Year
sets	20	Total	assets (Part X, line 16)			3,41	9,389,57	4.	3,470,8	72,567.
AS	21	Total	liabilities (Part X, line 26)			46	1,037,40	1.	530,9	88,379.
N S	22	Net as	ssets or fund balances. Subtract line 21	from line 20		2,95	8,352,17	3.	2,939,8	84,188.
Pa	art II	Sig	gnature Block							
Ur	ider pe	nalties o	of perjury, I declare that I have examined thi	s return, including accompanying sche	dules and state	ments, and	to the best of	my	knowledge an	d belief, it is
tru	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of w	nich preparer n	as any knov	viedge.			
Sig	- 1		Signature of officer				Date			
He	re									
		Ī	Type or print name and title							
		Print/	Type preparer's name	Preparer's signature	Date		Check	if	PTIN	
Pai	d	יזעם	ID M SACARELOS	DAVID M SACARELOS	05/12	2/2023	self-employe	.	P000828	38
	parer	Firm's	s name SEILER LLP	DITATO II DUCUITION	1 30/12		irm's EIN		4-16242	
Use	Only			400 REDWOOD CITY, CA 94065					50-365-	
N/a	v the		s address THREE LAGOON DR STE iscuss this return with the preparer			l Pi	hone no.			
$\overline{}$			Reduction Act Notice, see the separate		<u> </u>				. X Yes	No (2021)
1 01	гаре	I W UIK	neudolion Act Notice, see the separat	5 1113H UVHVH3.					FUIII) 3	, J U (∠∪∠∣)

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1		the organization's mission	response or note to any line in this Part		
•	-	•			
	SEE SCHEDU	LE O			
2			cant program services during the ye		Yes X No
	If "Yes," describe	these new services on So	chedule O.		
3	Did the organiz	zation cease conducting,	or make significant changes in h		Yes X No
	If "Yes," describe	these changes on Sched	ule O.		
4	expenses. Section	on 501(c)(3) and 501(c)(vice accomplishments for each of it 4) organizations are required to rep- each program service reported.		
4a	(Code:) (Expenses \$ 436.5	63,048. including grants of \$) (Revenue \$)
	SEE SCHEDUL		<u></u>	, (, to remain \$	
		-			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s	services (Describe on Sche including gra			

4e Total program service expenses ► 436,563,04

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Part IV Checklist of Required Schedules

aı	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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
а	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114		21
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406	37	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	X	37
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	14a		X
	Did the organization halve aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-74		21
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,		
20	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	α on each government of that in, column (γ), line is in tea, complete schedule i, rand tand in	41	Λ	

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Part IV Chacklist of Paguired Schodules (continued)

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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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 on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		Х

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za				
	,,	26		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	2-	37	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
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 ▶			
	$See instructions for filing \ requirements for \ FinCEN \ Form \ 114, Report of Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			3.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		37
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.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		v
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		X

94-2829914 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management	• • •				
	<u> </u>				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	35			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	35			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2	X	
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Inte			_)	
	on Errended (The decider Broqueste information about policies het required by the inte	,,,,,	10101140		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of			100		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt procedures governing the activities of			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	mig til	o ionii: •			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to					
	rise to conflicts?		_	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy?	If "Yes,"			
	describe on Schedule O how this was done	-		12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar independent persons, comparability data, and contemporaneous substantiation of the deliberation		•			
•	The organization's CEO, Executive Director, or top management official			15a		Х
a b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	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 eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990.	and 990-1	(sec	tion 5	01(c)
•	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website X Upon request Other (explain on Sc	ply.		, -	_	` '
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's leading velasky 2001. The EMBARCADERO, 3RD FLOOR SAN FRANCISCO, CA 941		and record	s 🕨		

415-476-3618

0807CR M200

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

		Ī		((C)							
(A)	(B)			Pos	ition			(D)	(E)	(F)		
Name and title	Average	,				e than c		Reportable	Reportable	Estimated amount		
	hours per week					is both tor/trust		compensation from the	compensation from related	of other compensation		
	(list any			Officer	_			organization (W-2/	organizations (W-2/	from the organization and		
	related organizations below dotted line)	Individual trustee or director	Officer Institutional trustee		Former Highest compensated employee Key employee Key employee		employee		ner	1099-NEC)	1099-NEC)	related organizations
(1) SAMUEL HAWGOOD	5.00											
PRESIDENT	50.00			Х				NONE	873,842.	7,254.		
(2) JENNIFER ARNETT	12.00							110112	07070121	7,2511		
VICE PRESIDENT	50.00			Х				NONE	524,933.	3,709.		
(3) ERIN HICKEY	12.00								022,700	27.323		
VICE PRESIDENT	50.00			Х				NONE	401,113.	NONE		
(4) MICHAEL CLUNE	5.00							-	,			
INTERIM TREASURER	50.00	1		Х				NONE	349,226.	1,715.		
(5) JOSEPH CALGER	12.00								,	,		
ASSISTANT TREASURER	50.00			Х				NONE	257,579.	8,358.		
(6) PAUL VELASKI	12.00											
SECRETARY	50.00			Х				NONE	247,118.	6,011.		
(7) JOHN GARDNER TRIMBLE	12.00											
ASSISTANT SECRETARY	50.00			Х				NONE	218,877.	5,366.		
(8) PAUL JENNY	5.00											
TREASURER	50.00						Х	NONE	124,525.	63.		
(9) PHILIP HAMMARSKJOLD	1.00											
BOARD CHAIR	NONE	Х		Х				NONE	NONE	NONE		
(10) DANA EMERY	1.00											
VICE CHAIR	NONE	Х		Х				NONE	NONE	NONE		
(11) ANDREW BALLARD	1.00											
DIRECTOR	NONE	Х						NONE	NONE	NONE		
(12) BARBARA BASS BAKAR	1.00											
DIRECTOR	NONE	Х			L	L	L	NONE	NONE	NONE		
(13) LYNNE BENIOFF	1.00											
DIRECTOR	NONE	Х					L	NONE	NONE	NONE		
(14) PETER BRIGER	1.00											
DIRECTOR	NONE	Х						NONE	NONE	NONE		

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(4-)	4 -		ition	- th		Reportable	Reportable	Estimated
	hours per week (list any	,				e than c is both		compensation from	compensation from related	amount of other
	hours for	office	T			or/trust		the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme	organization	(W-2/1099-MISC)	from the organization
	below dotted	recto	tutio	ĕ	emp	est o	let.	(W-2/1099-MISC)		and related
	line)	or E	nalt		loye	omp				organizations
		stee	nste		O	ens				
			8			ated				
15) TODD CARTER	1.00					_				
DIRECTOR	NONE	X						NONE	NONE	NONE
16) CONNIE CHEN	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
17) FRED COHEN	1.00									
DIRECTOR	1.00	Х						NONE	NONE	NONE
18) PHYLLIS COULTER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
19) WILLIAM H. DAVIDOW	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONI
20) DIPANJAN DEB	1.00									
DIRECTOR	1.00	X						NONE	NONE	NON
21) WILLIAM S. FISHER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
22) CATHERINE FREIDMAN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONI
23) SAMEER GANDHI	1.00	-								
DIRECTOR	1.00	X						NONE	NONE	NONI
24) KATHRYN HALL	1.00									
DIRECTOR	1.00	X						NONE	NONE	NONI
25) KENNETH HAO	1.00							17017		
DIRECTOR	NONE	X						NONE		
								NONE	· · ·	32,476
c Total from continuation sheets to Part VII,	-							NONE		
d Total (add lines 1b and 1c)					hov.	a) who	o re			32,476.
reportable compensation from the organizati		11056	IISLE		NO	,	o ie	cceived more man	\$ 100,000 OI	
· · · · · · · · · · · · · · · · · · ·										Yes No
3 Did the organization list any former off	icer directo	or. or	trı	ıste	e.	kev e	emp	olovee or highes	t compensated	
employee on line 1a? If "Yes," complete Sche										3
4 For any individual listed on line 1a, is the										
organization and related organizations g										
individual										4
5 Did any person listed on line 1a receive of										
for services rendered to the organization? If "										5
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated i	ndene	ende	ent o	con	tracto	rs t	hat received more	than \$100,000 c	of

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

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

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

Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continue	∍d)	
(A) Name and title	(B) Average hours per	(do r	not c	Pos	C) sition	e than c	one	(D) Reportable compensation	(E) Reportable compensation from		(F) stimated nount of	
	week (list any hours for related organizations below dotted line)	1				is or/tru Highest compensated employee		from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr org and	other pensation om the anization d related anization	n d
(26) JULIA HARTZ	1.00											
DIRECTOR	NONE	X						NONE	NONE]	NONE
(27) MICHAEL KAHN	1.00	1										
DIRECTOR	NONE	X						NONE	NONE			NONE
(28) CARL KAWAJA	1.00							17017				
DIRECTOR	NONE	X						NONE	NONE			NONE
(29) ARTHUR KERN	1.00 NONE	37						NONE	NONE			NT () NTT
DIRECTOR	1.00	X						NONE	NONE			NONE
(30) RICK KIMBALL DIRECTOR	NONE	X						NONE	NONE		,	NONE
(31) MEYER MALKA	1.00							INOINE	I IVOIVE			INOINI
DIRECTOR	NONE	X						NONE	NONE		,	NONE
(32) GEORGE MARCUS	1.00							110112				110111
DIRECTOR	NONE	X						NONE	NONE		1	NONE
(33) IAN MCKINNON	1.00											
DIRECTOR	NONE	Х						NONE	NONE		J	NONE
(34) DIANE MORRIS	1.00											
DIRECTOR	NONE	Х						NONE	NONE]	NONE
(35) CARMEN POLICY	1.00											
DIRECTOR	NONE	X						NONE	NONE]	NONE
(36) LISA PRITZKER	1.00											
DIRECTOR	NONE	X						NONE	NONE]	NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t						> o re	eceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶											
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the 	ule J for su	ch ind	livid	ual						3	Yes	No
organization and related organizations gr	eater than	\$15	0,0	00?	. It	"Yes	s,"	complete Schedu	le J for such	4		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5		
Section B. Independent Contractors												
1 Complete this table for your five highest com	pensated i	ndepe	ende	ent	con	tracto	rs t	that received more	e than \$100,000 c	of		

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

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

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

R ane Form 990 (2021)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	oye	es,	and I	lig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) STEVEN READ	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
38) RICHARD M. ROSENBERG	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
39) JACLYN SAFIER	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(40) RUCHI SANGHVI	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
41) GEORGE SCANGOS	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
42) SHAHAN SOGHIKIAN	$-\frac{1.00}{1.00}$	- ,,						NONE	NONE	21021
DIRECTOR 43) JOAN WEILL	NONE	X						NONE	NONE	NONI
DIRECTOR	<u>1.00</u> NONE	X						NONE	NONE	NONI
44) ERIN GORE	5.00	_ A						NOINE	NOINE	NONE
TREASURER	50.00	1		x				NONE	NONE	NONE
								110112	110112	1,01,1
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						* * *			
Total number of individuals (including but no reportable compensation from the organizati	t limited to t			ed a	bov	e) who	o re	eceived more than	\$100,000 of	
										Yes No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3 X
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	! It	"Yes	s,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If "	r accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax									

year.

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

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

94-2829914

Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse 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					
	С	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants,					
er		and similar amounts not included above . 1f	599,198,199.				
Ę	g	Noncash contributions included in					
d T		lines 1a-1f 1g	\$ 114,175,860.				
g ç	h	Total. Add lines 1a-1f		599,198,199.			
			Business Code				
<u>8</u>	2a		_				
e Z	b						
Su	С						
Program Service Revenue	d		_				
og R	е		_				
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> ▶</u>	NONE			
	3	Investment income (including dividend	s, interest, and				
		other similar amounts)		20,105,003.		5,361,194.	14,743,809.
	4	Income from investment of tax-exempt bo	nd proceeds . >	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c N	ONE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 805,420,0	00.				
evenue	b	Less: cost or other basis					
Ver		and sales expenses 7b 702,184,7-					
2	١.	Gain or (loss) 7c 103,235,20		102 025 060			102 025 060
Other	d	Net gain or (loss)		103,235,260.			103,235,260.
₹	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	a NONE				
		1c). See Part IV, line 18	<u> </u>				
	b	Less: direct expenses	~	NONE			
				-			
	9a	Gross income from gaming activities. See Part IV, line 19 9	a NONE				
	b	Less: direct expenses					
	C	Net income or (loss) from gaming activitie		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances)a NONE				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory		NONE			
<u>s</u>			Business Code				
eon	11a						
lan	b						
cel.	С		_				
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	<u> </u>	NONE			
	12	Total revenue. See instructions		722.538.462.		5,361,194.	117,979,069.

Form **990** (2021)

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94-2829914

Part IX Statement of Functional Expenses

) (' F04/-)/0) 1 F04/-)/4)	organizations must complete all colun	 I - (I / 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	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations							
	and domestic governments. See Part IV, line 21	436,563,048.	436,563,048.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	NONE						
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	NONE						
4	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors,							
	trustees, and key employees	NONE						
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)	NONE						
7	Other salaries and wages	NONE						
8	Pension plan accruals and contributions (include	NONE						
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	NONE						
10	Payroll taxes	NONE						
	Fees for services (nonemployees):							
а	Management	NONE						
b	Legal	NONE						
	Accounting	198,928.		198,928.				
d	Lobbying	NONE						
	Professional fundraising services. See Part IV, line 17.	NONE						
f	Investment management fees	17,759,432.		17,759,432.				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A), amount, list line 11g expenses on Schedule O.)	2,152,306.	NONE	2,152,306.	NONE			
12	Advertising and promotion	NONE						
13	Office expenses	NONE						
14	Information technology	NONE						
15	Royalties	NONE						
16	Occupancy	NONE						
17	Travel	NONE						
18	Payments of travel or entertainment expenses	27027						
	for any federal, state, or local public officials	NONE						
	Conferences, conventions, and meetings	NONE						
20		NONE						
21	Payments to affiliates	NONE						
22		NONE						
23		NONE						
24	' '							
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column							
	(A), amount, list line 24e expenses on Schedule O.)							
_								
a								
b								
C								
d								
	All other expenses Add lines 1 through 24s	156 672 711	126 562 040	20 110 666	NTONTE			
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	456,673,714.	436,563,048.	20,110,666.	NONE			
	following SOP 98-2 (ASC 958-720)							

Form **990** (2021)

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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		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	268,137,191.	2	419,974,042.
	3	Pledges and grants receivable, net	128,549,814.	3	193,585,417.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
As	9	Prepaid expenses and deferred charges	NONE		NONE
		Land, buildings, and equipment: cost or other	110112		110111
		basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation 10b	NONE	100	
	11	Investments - publicly traded securities		11	273,745,934.
	12	Investments - other securities. See Part IV, line 11		12	2,555,691,814.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	=			
		Other assets. See Part IV, line 11		15	27,875,360.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,470,872,567.
	17	Accounts payable and accrued expenses	NONE		NONE
	18	Grants payable	NONE		NONE
	19	Deferred revenue SEE SCHEDULE O	NONE		19,500,000.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	19,631,438.	21	15,382,571.
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
ä		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	441,405,963.	25	496,105,808.
	26	Total liabilities. Add lines 17 through 25	461,037,401.	26	530,988,379.
Sec		Organizations that follow FASB ASC 958, check here ► and complete lines 27, 28, 32, and 33.			
ᆲ	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	NONE	29	NONE
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund	NONE		NONE
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	2,939,884,188.
	32	Total net assets or fund balances		32	2,939,884,188.
Net	33	Total liabilities and net assets/fund balances	3,419,389,574.	33	3,470,872,567.
_	_ 55	Total nazminos and not associonana zalanoss, , , , , , , , , , , , , , , , , , ,	J, TLJ, JOJ, J/4.	-	Form 990 (2021)

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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)	2,5	38,	<u>462</u> .			
2	- 45						
3				<u>748</u> .			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 2 , 95						
5	Net unrealized gains (losses) on investments	<u>84,3</u>	32,	<u>733</u> .			
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain on Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	9,8	<u>84,</u>	<u> 188</u> .			
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
	Accounting weather would be provided the Forms 000s Cook TV Account		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," explain on						
_	Schedule O.	2-		37			
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 compiled or reviewed on a separate basis, consolidated basis, or both:						
	<u> </u>	2b	Х				
b	Were the organization's financial statements audited by an independent accountant?	20	Λ				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on		- 22				
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
Ja	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 undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b					

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO Employer identification number 94-2829914 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990) 2021

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	459,384,292.	364,307,068.	518,640,064.	564,316,906.	599,198,199.	2,505,846,529.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	459,384,292.	364,307,068.	518,640,064.	564,316,906.	599,198,199.	2,505,846,529.
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						
6	shown on line 11, column (f)						220,824,095.
6	Public support. Subtract line 5 from line 4 tion B. Total Support						2,285,022,434.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_		459,384,292.	364,307,068.	518,640,064.	564,316,906.	599,198,199.	2,505,846,529.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,205,426.	19,659,409.	14,537,920.	12,101,213.	20,105,003.	100,608,971.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						2,606,455,500.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		_				
14	Public support percentage for 2021 (li					14	87.67 %
15	Public support percentage from 2020					15	84.12 %
16a	331/3% support test - 2021. If the org	-					
_	box and stop here. The organization q			-			
b	331/3% support test - 2020. If the org						
4	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets			=			upported
L	organization						and line
D		-					
	15 is 10% or more, and if the organizin Part VI how the organization meets					-	•
	_			_	-		
18	organization						
	_						
	instructions						<u> </u>

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

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

	tion A Post in Community			, I	<u> </u>	,	
	tion A. Public Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2011	(0) 2010	(6) 2019	(u) 2020	(6) 2021	(I) 10tai
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
4.5	(Explain in Part VI.)		-				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	41-	 - f ' (a about 6 or	5:50		5047 \/0`
14	First 5 years. If the Form 990 is for	•			•		` ^ ` _
<u></u>	organization, check this box and stop here.						🚩 🔃
	tion C. Computation of Public Supp Public support percentage for 2021 (line 8,			mp (f))		45	0/
15 16		٠,	•			15	%
16 Sec	Public support percentage from 2020 Schettion D. Computation of Investment					16	%
	-			13 column (f)\		17	%
17 18	Investment income percentage for 2021 (line Investment income percentage from 2020 §					17	<u>%</u>
18						18 ore than 331/3 %	
ıya	331/3% support tests - 2021. If the org	-					
l.	17 is not more than 331/3%, check this		_				
a	331/3% support tests - 2020. If the orga						. \square
20	line 18 is not more than 331/3%, check		•	•		0	
20	Private foundation. If the organization of	and HOL CHECK	a DOX OII IIIIE	ı -, ıəa, uı ı9D	, OHEON HIIS DO	, and see mistil	10110113

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44.		
Secti	on B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.			
Secti	on C. Type II Supporting Organizations	2		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on o. Type it dapporting diguilizations		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)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the erganization provide to each of its supported erganizations, by the lest day of the fifth month of the		Yes	No
•	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	Yes	
2	Activities Test. Answer lines 2a and 2b below.		162	NO
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," 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.	3h		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S							
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.									
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
_1	Net short-term capital gain	1								
_2	Recoveries of prior-year distributions	2								
_3	Other gross income (see instructions)	3								
4	Add lines 1 through 3.	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6								
_7	Other expenses (see instructions)	7								
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):									
a	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
c	Fair market value of other non-exempt-use assets	1c								
	Total (add lines 1a, 1b, and 1c)	1d								
е	e Discount claimed for blockage or other factors (explain in detail in Part VI):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Se	ection C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6								
7	Check here if the current year is the organization's first as a non-functional (see instructions).		ted Type III supportin	g organization						

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 Page 7

art		Supporting Organizat	ions (continue	a)			
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets 4						
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2021 from Section C, line 6						
10	Line 8 amount divided by line 9 amount			10			
		(3)	(ii)		(iii)		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

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

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service Name of the organization

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number

FOU	UNDATION	94-2829914
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held i	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant ful	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for ar	ny other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation of land for public use	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 contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termination	nated by the organization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
	<u> </u>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
_	> \$	470(1)(4)(5)(2)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	ai statements that describes the
Pa	Int III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	7.000to.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
та	of art, historical treasures, or other similar assets held for public exhibition, education, or	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue start biotectical transport and the start biotectical transport and trans	
	art, historical treasures, or other similar assets held for public exhibition, education, or rese provide the following amounts relating to these items:	earch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	
_	following amounts required to be reported under FASB ASC 958 relating to these items:	de la manda gam, provide me
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	

Scher	tule D (Form 990) 2021	VEDCITY OF CA	I TEODNIA CAN I		0.4	2829914 Page 2
	rt Organizations Maintaini	VERSITY OF CAT				
3	Using the organization's acquisition				<u>'</u>	
3	collection items (check all that app		other records, once	ok any or the folio	wing that make sign	illicant use of its
а	Public exhibition	ıy <i>)</i> .	d Loan	or exchange progra	am	
a b	Scholarly research		e Other		2111	
C	Preservation for future gene	rations	e Other			
4	Provide a description of the organ		and evolain how	they further the o	raanization's evemn	at nurnose in Part
•	XIII.	iizations collections	s and explain now	they fulfiler the o	rganization's exemp	t purpose in Fait
5	During the year, did the organization	on colicit or receive	denations of art his	torical traccures of	other cimilar	
5	assets to be sold to raise funds rath				_	□ Vas □ Na
Da	rt IV Escrow and Custodial A		amed as part or the	organization's colle	cuon:	Yes No
га	Complete if the organiza		es" on Form 990,	Part IV, line 9, or	reported an amou	nt on Form
	990, Part X, line 21.					
1 a	Is the organization an agent, trus					
	included on Form 990, Part X?					Yes X No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the following ta	ble:		
					Amount	<u> </u>
	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
	Did the organization include an am					X Yes No
	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanation	n has been provided	l on Part XIII	<u></u>
Pa	rt V Endowment Funds.	c LINA	" - 000	D (N / L' 40		
	Complete if the organiza		1	1	T	T
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance	2,435,366,408.	1,779,820,070.	1,602,091,541.	1,432,799,187.	1,088,502,562.
b	Contributions	132,813,997.	135,851,354.	184,203,962.	169,666,191.	289,539,860.
С	Net investment earnings, gains,					
	and losses	-168,828,100.	614,147,151.	78,860,040.	72,840,273.	112,077,861.
d	Grants or scholarships	101,500,109.	88,707,167.	79,885,473.	68,269,110.	57,321,096.
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses	6,645,000.	5,745,000.	5,450,000.	4,945,000.	
g	End of year balance	2,291,207,196.	2,435,366,408.	1,779,820,070.	1,602,091,541.	1,432,799,187.
2	Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held a	s:	
а	Board designated or quasi-endown		_%			
b	Permanent endowment ► 49.2	<u>600</u> %				
С	Term endowment ► 14.4500	•				
	The percentages on lines 2a, 2b, a	•				
3a	Are there endowment funds not in	the possession of the	he organization that	are held and adm	inistered for the	
	organization by:					Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as required on Scl	nedule R?		3b X
4	Describe in Part XIII the intended u		ition's endowment fu	ınds.		
Pa	rt VI Land, Buildings, and Equ	lipment.	os" on Form 000	Dart IV line 11a	Soo Form 000 Da	art V line 10
	Complete if the organization of property					d) Book value
	2 333p. son or proporty				reciation (C	, Dook value

Schedule D (Form 990) 2021

1a Land...... c Leasehold improvements d Equipment......

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

Part VII Investments - Other Securities.	F CALIFORNIA SAN		4-2829914 Page
Complete if the organization answere (a) Description of security or category	ed "Yes" on Form 990 (b) Book value	(c) Method of valuation	tion:
(including name of security)		Cost or end-of-year mark	ket value
(1) Financial derivatives	-		
(2) Closely held equity interests	•		
(3) Other			
(A) PRIVATE EQUITIES	1,051,658,144.	FMV	
(B) REAL ESTATE/REITS	130,997,755.	FMV	
(C)OTHER INVESTMENTS (D)COMMINGLED EQUITY	158,742,213.	FMV	
(E)	1,214,293,702.	FMV	
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,555,691,814.		
Part VIII Investments - Program Related.	2733370717011.		
Complete if the organization answere	ed "Yes" on Form 990), Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	
(4) =	(,	Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets.			
Complete if the organization answere), Part IV, line 11d. See Form 990	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B	1) line 15)		
Part X Other Liabilities.	y III (C 10.)		
Complete if the organization answer	ed "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
line 25.			Г
	ription of liability		(b) Book value
(1) Federal income taxes			100 170 77
(2)OTHER LIABILITIES			186,452,918.
(4) FUNDS HELD FOR BENEFIT OF OTHERS			301,064,544.
(4)ANNUITIES PAYABLE			6,970,045.
(6)PAYABLE FOR INVESTMENTS PURCHASES			5,144,499.
(6)INTER-UNIT PAYABLE			-3,526,198.
(7)			
(8)			
(9) Total (Column (b) must equal Form 990, Part V, col. (B) line 24	5.1		106 105 000

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

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Schedule D (Form 990) 2021

Part 2	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:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
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:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Booding in Fartham)	40
С 5	Add lines 4a and 4b	4c 5
$\overline{}$	XIII Supplemental Information.	<u> </u>
Provide	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 inforn	
SEE	SUPPLEMENTAL PAGE	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART IV, LINE 2B

THE ORGANIZATION SERVES AS TRUSTEE FOR CHARITABLE REMAINDER TRUSTS.

SCHEDULE D, PART V, LINE 4 THE ENDOWMENT EXISTS EXCLUSIVELY TO SUPPORT THE ACTIVITIES OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO.

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

FOUNDATION

Part I

Internal Revenue Service Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number

ION 94-2829914

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

ı aı	Form 990, Part IV, line 14		outoido tiio	Omitou Otatooi Compi	oto ii tilo organization c	mowordd 100 on
1	For grantmakers. Does the org		ntain records	to substantiate the amou	ınt of its grants and	
	other assistance, the grantees'	eligibility for t	he grants or	assistance, and the selec	ction criteria used to	
	award the grants or assistance?					Yes No
2	For grantmakers. Describe in I outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants an	d other assistance
3	Activities per Region. (The follow	ving Part I, line		e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS	N/A	859,772,351.
(2)	EUROPE	NONE	NONE	INVESTMENTS	N/A	151,545,469.
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	NONE	NONE			1,011,317,820.
b	Total from continuation sheets to Part I		, ,			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
С		NONE	NONE			1,011,317,820.

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

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0807CR M200 V21-7.15 19111

1	Part IV, line 15, for any r	T .	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
•	organization	(b) IRS code section and EIN (if applicable)	(c) Negion	grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
	nter total number of recipient of								
ex 3 En	empt 501(c)(3) organization by t nter total number of other organi	the IRS, or for which the zations or entities	e grantee or counsel ha	s provided a sec	ction 501(c)(3) equi	valency letter	▶		

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)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part	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)	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) Yes	☐ No

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)

Schedule F (Form 990) 2021

Yes

6

Part V

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) 2021

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization UNIVERSITY OF CALIFORNIA SAN FRANCISCO

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATION						94-2829914	
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand	e?			• •		Yes X No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) REGENTS OF THE UNIVERSITY OF CALIFORNIA							
1111 FRANKLIN STREET OAKLAND, CA 94607	94-3067788	501(C)(3)	435,442,110.				SEE PART IV
_(2) OAKLAND CHILDREN'S HOSPITAL AND RESEARCH CE	94-0382330	501(C)(3)	1,120,938.				SEE PART IV
_(3)			, ,,,,,,,,				
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations lis	•	•					2 NONE

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 I, LINE 2

GRANTS AND ALLOCATIONS

ALL CONTRIBUTIONS RECEIVED BY THE FOUNDATION ARE GRANTED TO THE REGENTS

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

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

OTHERWISE DIVERTED FROM ITS INTENDED USE.

5

6

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									

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/PROGRAMATIC NEEDS

PART II, LINE 2, COLUMN (H)

CAPITAL AND OTHER ENTERPRISE/PROGRAMATIC NEEDS

SCHEDULE J (Form 990)

Compensation InformationFor 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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number

FOUNDATION 94-2829914 Part I 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 organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
_	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	- '-		
U	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
SAMUEL HAWGOOD	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
1 PRESIDENT	(ii)	852,734.	NONE	21,108.	NONE	7,254.	881,096.	NONE	
JENNIFER ARNETT	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
2 VICE PRESIDENT	(ii)	511,889.	NONE	13,044.	NONE	3,709.	528,642.	NONE	
ERIN HICKEY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
3 VICE PRESIDENT	(ii)	387,905.	13,208.	NONE	NONE	NONE	401,113.	NONE	
PAUL VELASKI	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
4 SECRETARY	(ii)	247,118.	NONE	NONE	NONE	6,011.	253,129.	NONE	
JOHN GARDNER TRIMBLE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
5 ASSISTANT SECRETARY	(ii)	218,853.	NONE	24.	NONE	5,366.	224,243.	NONE	
PAUL JENNY	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
6 TREASURER	(ii)	58,981.	NONE	65,544.	NONE	63.	124,588.	NONE	
JOSEPH CALGER	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
7 ASSISTANT TREASURER	(ii)	257,579.	NONE	NONE	NONE	8,358.	265,937.	NONE	
MICHAEL CLUNE	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
8 INTERIM TREASURER	(ii)	349,226.	NONE	NONE	NONE	1,715.	350,941.	NONE	
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
_11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
_16	(ii)								

Part III Supplemental Information

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

SCHEDULE J

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

INDIVIDUALS RECEIVED ANY COMPENSATION FROM THE FILING ORGANIZATION.

DURING FY22, EACH WAS AN EMPLOYEE OF THE UNIVERSITY OF CALIFORNIA, SAN

FRANCISCO, A RELATED ORGANIZATION.

SCHEDULE M (Form 990)

Noncash Contributions

 \blacktriangleright 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

2021

Open to Public

Inspection

Name of the organization
FOUNDATION

Department of the Treasury Internal Revenue Service

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number

94-2829914

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		276	114,175,860.	FMV			
10	Securities - Closely held stock			, , , , , , , , ,	-			
11	Securities - Partnership, LLC,							
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts				 			
25	Other ►() Other ►()				-			
26	Other >()				 			
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received						7.7	
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge	ement	29			ONE
	Design the second of the second in the		h	oter or out of the Don't I. Burn	[Yes	NO
30a	During the year, did the organizat		• • • •	•	- 1			
	28, that it must hold for at least the	-			-			
_	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a	-						
	contributions?				T T	31	X	
32a	Does the organization hire or use	•	•	•				
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)) is checked,			

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

Schedule M (Form 990) 2021

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.

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

THE SOLICITATION AND PROCESSING OF NON-CASH GIFTS.

Schedule M (Form 990) (2021)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

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)
ENCOURAGES AND MANAGES INDIVIDUAL, CORPORATE, AND FOUNDATION GIFTS TO ALL

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

94-2829914

UCSF SCHOOLS AND PROGRAMS, AND TOGETHER WITH UCSF, ENSURES THAT GIFTS ARE USED IN STRICT ACCORDANCE WITH DONORS' WISHES.

ACCOMPLISHMENTS

=========

IN 2022, DISTRIBUTIONS TO UCSF AND RELATED AFFILIATES TOTALED \$437

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.

2022 DISTRIBUTIONS FOR CAPITAL PROJECTS - INCLUDING PRECISION CANCER
MEDICAL BUILDING, WEILL NEUROSCIENCE BUILDING, NANCY FRIEND PRITZKER

PSYCHIATRY BUILDING AND CENTER FOR VISION NEUROSCIENCE BUILDING - TOTALED
\$27 MILLION. NONCAPITAL DISTRIBUTIONS SUPPORTING RESEARCH, FACULTY,

INSTITUTIONAL SUPPORT, MEDICAL CENTER, TEACHING HOSPITAL, INSTRUCTION,

STUDENT FINANCIAL AID AND ACADEMIC SUPPORT NEEDS TOTALED \$410 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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

94-2829914

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 WITH THE CHAIR OF

THE AUDIT COMMITTEE AS APPROPRIATE. DEPENDING ON THE NATURE OF THE

CONFLICT, THE INDIVIDUAL WILL BE ASKED TO RECUSE THEMSELVES FROM

DISCUSSIONS AND/OR ABSTAIN FROM VOTING.

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

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

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

94-2829914

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

INDIVIDUALS RECEIVED ANY COMPENSATION FROM THE FILING ORGANIZATION.

DURING FY22, 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

Employer identification number

94-2829914

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

IN 2022, DISTRIBUTIONS TO UCSF AND RELATED AFFILIATES TOTALED \$437 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. OF \$437 MILLION DISTRIBUTED, DISTRIBUTIONS FOR CAPITAL PROJECTS - INCLUDING PRECISION CANCER MEDICINE BUILDING, WEILL NEUROSCIENCE BUILDING, NANCY FRIEND PRITZKER PSYCHIATRY BUILDING AND CENTER FOR VISION NEUROSCIENCE BUILDING - TOTALED \$27 MILLION. NONCAPITAL DISTRIBUTIONS SUPPORTING RESEARCH, FACULTY, INSTITUTIONAL SUPPORT, MEDICAL CENTER, TEACHING HOSPITAL, INSTRUCTION, STUDENT FINANCIAL AID AND ACADEMIC SUPPORT NEEDS TOTALED \$410 MILLION.

0807CR M200

Name of the organization
UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number
94-2829914

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

SEILER LLP THREE LAGOON DRIVE, SUITE 400

REDWOOD CITY, CA 94065 ACCOUNTING 157,900.

0807CR M200

Name of the organization		Employer identification number
UNIVERSITY OF CALIFORNIA SAN FRANC	CISCO	94-2829914
FORM 990, PART X - DEFERRED REVENUE		
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DEFERRED REVENUE	NONE	19,500,000.
TOTALS		
	NONE	19,500,000.

==========

==========

Name of the organization Employer identification number UNIVERSITY OF CALIFORNIA SAN FRANCISCO 94-2829914 FORM 990, PART X - OTHER FUNDS BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE ---------------2,939,884,188. TOTAL EQUITY 2,958,352,173. TOTALS 2,958,352,173. 2,939,884,188.

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Page 2

0807CR M200

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

FOUNDATION

(5)

(6)

Department of the Treasury

Internal Revenue Service

Name of the organization

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Employer identification number 94-2829914

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.

Name, address, a	(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	conti	12(b)(13)	
							Yes	No
(1) UNIVERSITY OF CALIFORNIA S	AN FRANCISCO 94-3067788							
1111 FRANKLIN ST	OAKLAND, CA 94607	HIGHER ED	CA	501(C)(3)	6	CA GOVT		Х
(2) UCSF FAMILY HOUSE	94-2722663							
50 IRVING STREET	SAN FRANCISCO, CA 94122	SEE PART VII	CA	501(C)(3)	6	N/A		Х
(3) OAKLAND CHILDREN'S HOSPITA	L AND RESEARCH 94-0382330							
747 52ND ST	OAKLAND, CA 94609	HOSPITAL	CA	501(C)(3)	6	CA GOVT		Х
(4) UCSF FOUNDATION INVESTMENT	COMPANY 47-3599471							
601 CALIFORNIA STREET STE	801 SAN FRANCISCO, CA 94108	SEE PART VII	CA	501(C)(3)	12A	UCSF FDN	х	
(5)								
(6)								
(7)								

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	1 partner?		(k) Percentage ownership
		,,		,			Yes	No		Yes	No	
(1) TRUEBRIDGE CAPITAL VENTURE PAR												
1011 HAMILTON RD #400 CHAPEL H	INVESTMENTS	NC	UCSF FOUNDATION	EXCLUDED	-1,311,579.	74,537,472.		Х	NONE		Х	99.6706
(2)	-											
(3)												
(4)												
(5)												
(6)												
(7)												

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

				,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
(1) CHARITABLE REMAINDER TRUSTS (33)		CA	VARIOUS	TRUST				163 140
(2) POOLED INCOME FUND (2)			VARIOUS	TRUST				
(3)								
(4)								
<u>(5)</u>								
<u>(6)</u>								
<u>(7)</u>								

Part V Transactions With Related Organization

Transactions With Related Organizations	 Complete if the 	organization answered '	"Yes" on For	rm 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		Χ
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
С	Gift, grant, or capital contribution from related organization(s)	1c		Χ
	Loans or loan guarantees to or for related organization(s)	1d		X
е		1e		X
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		Х
		1h		Х
	Exchange of assets with related organization(s)	1i		X
		1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
- 1		11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1r		Х
s		1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh	holds	3 .	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARITABLE REMAINDER TRUSTS (4)	S	46,785.	FMV
(2) UCSF FOUNDATION INVESTMENT COMPANY	М	6,645,000.	FMV
(3) TRUEBRIDGE CAPITAL VENTURE PARTNERS LLC	S	40,277,442.	FMV
(4)			
<u>(5)</u>			
<u>(6)</u>			

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related,	sec	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
				from tax under sections 512 - 514)	Yes	No			Yes	No	(1 01111 1000)	Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
<u>(14)</u>														
(15)														
(16)														

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