

2019

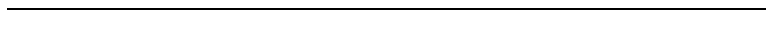
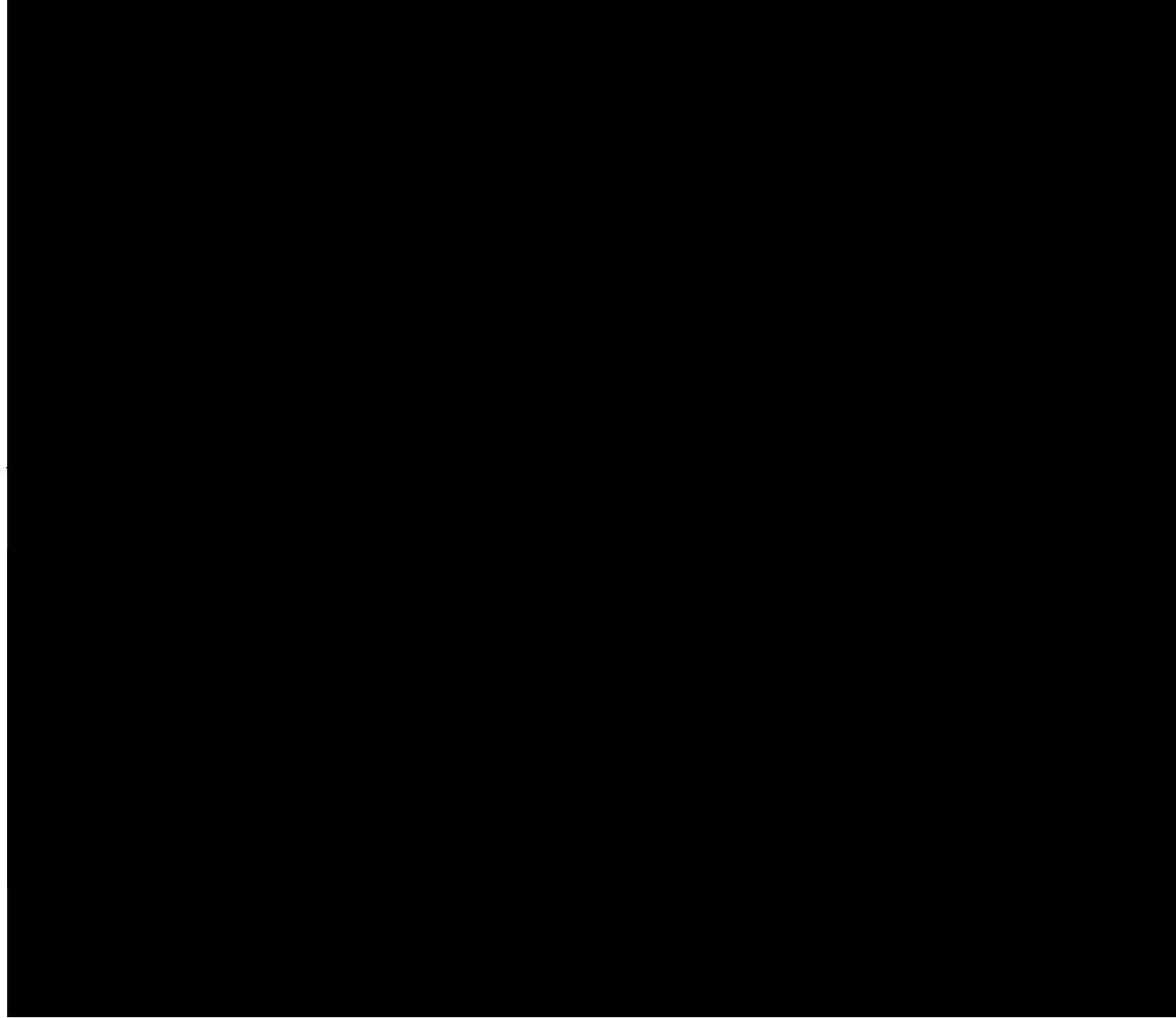
Open to Public Inspection

number

? Yes No
 Yes No

Article:

W O. . .





Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2 a | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | |
| b | If 'Yes,' has it filed a Form 990-T for this year? If not, line 3b, provide an explanation on Schedule O | 3 b | |
| 4 a | 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)? | 4 a | |
| b | If 'Yes,' enter the name of the foreign country G | | |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5 a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | |
| c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | |
| 6 a | 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? | 6 a | |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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? | 7 a | |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year | 7 d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | |
| 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. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10 a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10 b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11 a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11 b | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | |
| b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12 b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13 a | |
| 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 | 13 b | |
| c | Enter the amount of reserves on hand | 13 c | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | |

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

Section A. Governing Body and Management

| | | | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|-----|----|
| 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 1 a | | | |
| | | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1 | | | |
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Former
Highest compensated
employee
Key employee
Officer



Department of the Treasury
Internal Revenue Service

| | |
|-------------------------------------------------------------|-----------------------------------------------------|
| Name of the Organization UC SANTA CRUZ FOUNDATION | Employer Identification number 23-7394590 |
|-------------------------------------------------------------|-----------------------------------------------------|

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------|---------|--------------|------------------------------|--------|--|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | |
| FRANS LANTING ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| ANURADHA LUTHER MAITRA ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| KUMAR MALAVALLI ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| VIKRAM SAHAI ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| KRISTEN MARINOVIC ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| SB MASTER ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| ROBERT HOLO ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| LINDA S. PETERSON ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| KATHLEEN ROSE ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| GARRY SPIRE ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| LOREN STECK ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| RANDOLPH WEDDING ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| JOHN WOODWARD ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| DONNA MEKIS ----- TRUSTEE | 1 50 | X | | | | | | 0. | 0. | 0. |
| JOANNA MILLER ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| CLAUDIA WEBSTER ----- TRUSTEE | 1 0 | X | | | | | | 0. | 0. | 0. |
| HOWARD HEEVNER ----- TREASURER | 1 50 | | X | | | | | 0. | 0. | 0. |
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Program Service Revenue



Miscellaneous Revenue





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Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

Form 990-PF

527 political organization

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

G 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.

G Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

UC SANTA CRUZ FOUNDATION

23-7394590

Part I 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 in 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 funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II 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).

| | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements | 2 a |
| b Total acreage restricted by conservation easements | 2 b |
| c Number of conservation easements on a certified historic structure included in (a) | 2 c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2 d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year G _____

4 Number of states where property subject to conservation easement is located G _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year G _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year G\$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part 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.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 G\$ _____

(ii) Assets included in Form 990, Part X G\$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 G\$ _____

b Assets included in Form 990, Part X G\$ _____

| Part VII Investments ' Other Securities. | | |
|------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) ----- | | |
| (B) ----- | | |
| (C) ----- | | |
| (D) ----- | | |
| (E) ----- | | |
| (F) ----- | | |
| (G) ----- | | |
| (H) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . | G | |

| Part VIII Investments ' Program Related. | | |
|------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . | G | |

| Part IX Other Assets. | |
|------------------------------------------------------------------------------------------------------------|----------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. | |
| (a) Description | (b) Book value |
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) | G |

| Part X Other Liabilities. | |
|------------------------------------------------------------------------------------------------------------------|----------------|
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | G |



Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form

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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.



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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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| 1 | | | | | |
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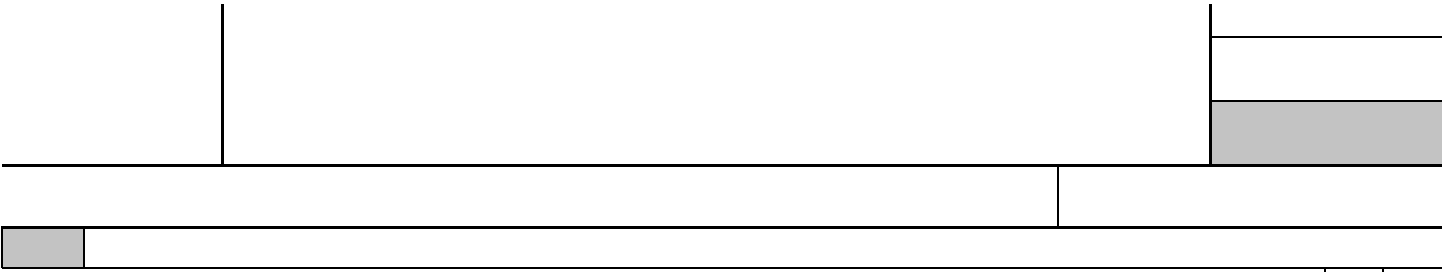
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

UNIVERSITY OF CALIFORNIA SANTA CRUZ HAS PROCEDURES IN PLACE AS GUIDED BY THE UC

REGENTS, SUBJECT TO AUDIT ANNUALLY, TO MONITOR THE SPENDING TO ENSURE FUNDS ARE SPENT

IN ACCORDANCE WITH THE RESTRICTION ASSIGNED.



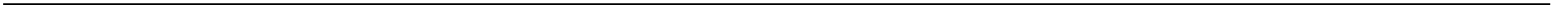
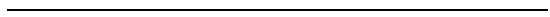
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

G Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
G Attach to Form 990.
G Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identifi(Form atest information.(F o r m 9

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

UC SANTA CRUZ FOUNDATION

Employer identification number

23-7394590

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

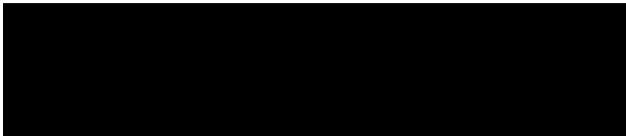
THE 990 IS DISTRIBUTED TO THE GOVERNING BODY FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE FOUNDATION DISTRIBUTES THE CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT

TO TRUSTEES ANNUALLY TO B6 381 0 0 1 39.12 553.2 Tm 0.0 6 3p RIBUTUR 9.96 Tf 0.90.022 Tc MID1.12 553.22f2n





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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions. Page 0 se5BAA Tf 1 0 0 1 62

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name, California corporation number, FEIN, Street address (suite or room), PMB no., City, State, Zip code, Foreign country name, Foreign province/state/county, Foreign postal code

- A First Return
B Amended Return
C IRC Section 4947(a)(1) trust
D Final Information Return?
E Check accounting method
F Federal return filed
G Is this a group filing?
H Is this organization in a group exemption?
I Did the organization have any changes to its guidelines not reported to the FTB?

- J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box.
M Is the organization a Limited Liability Company?
N Did the organization file Form 100 or Form 109 to report taxable income?
O Is the organization under audit by the IRS or has the IRS audited in a prior year?
P Is federal Form 1023/1024 pending?

Complete Part I unless not re6 495.i

Table with multiple columns and rows for reporting financial data, including a shaded area in the middle.

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

G Attach to Form 990, Form 990-EZ, or Form 990-PF.
G

OMB No. 1545-0047

2019

UC SANTA CRUZ FOUNDATION

23-7394590

STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | TOTAL COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|--------------------------------------------------------------------|------------------------------------------------|----------------------------|----------------------------------|------------------------------|
| LOREN KINCZEL 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | \$ 0. | \$ 0. | \$ 0. |
| FRANS LANTING 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| ANURADHA LUTHER MAITRA 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| KUMAR MALAVALLI 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| VIKRAM SAHAI 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| KRISTEN MARINOVIC 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| SB MASTER 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| ROBERT HOLO 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| LINDA S. PETERSON 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| KATHLEEN ROSE 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| GARRY SPIRE 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |
| LOREN STECK 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | 0. | 0. | 0. |

UC SANTA CRUZ FOUNDATION

23-7394590

STATEMENT 2 (CONTINUED)

FORM 199, PART II, LINE 11

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

| <u>NAME AND ADDRESS</u> | <u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u> | <u>TOTAL COMPEN- SATION</u> | <u>CONTRI- BUTION TO EBP & DC</u> | <u>EXPENSE ACCOUNT/ OTHER</u> |
|--------------------------------------------------------------|---------------------------------------------------------|-------------------------------------|-----------------------------------------------|---------------------------------------|
| RANDOLPH WEDDING 1156 HIGH STREET SANTA CRUZ, CA 95064 | TRUSTEE 1.00 | \$ 0. | \$ 0. | \$ 0. |

UC SANTA CRUZ FOUNDATION



MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
(916) 210-6400

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703: Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.ag.ca.gov/charities/

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Name of Organization _____</p> <p>List all DBAs and names the organization uses or has used _____</p> <p>Address (Number and Street) _____</p> <p>City or Town, State and ZIP Code _____</p> <p>Telephone Number _____ E-mail Address _____</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. _____</p> <p>Federal Employer ID No. _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

| Gross Annual Revenue | Fee | Gross Annual Revenue | Fee | Gross Annual Revenue | Fee |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000 | 0 | Between \$100,001 and \$250,000 | \$50 | Between \$1,000,001 and \$10 million | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
| | | | | Greater than \$50 million | \$300 |

PART A' ACTIVITIES

For your most recent full accounting period (beginning _____ ending _____) list:

Gross Annual Revenue \$ _____ Noncash Contributions \$ _____ Total Assets \$ _____

Program Expenses \$ _____ Total Expenses \$ _____

PART B' STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1 During this reporting period, were there any contracts, loans, leases, or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee held any financial interest? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |