

### \*\*PUBLIC DISCLOSURE COPY\*\*

EXTENDED TO MAY 15, 2023

Form **990** 

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

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

OMB No. 1545-0047

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.

Open to Public Inspection

A F	or th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and	ending J	UN 30, 2022					
В	heck if	C Name of organization		D Employer identific	cation number				
	Addre	SS UC RIVERSIDE FOUNDATION							
F	Name			23-7433570					
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number						
F	Final	900 UNIV AVE 1136 HINDERAKER HALL	951-827-6291						
	termir			G Gross receipts \$	25,406,629.				
	Amen			H(a) Is this a group re	turn				
	Application	F Name and address of principal officer: KIMBERLY MCDADE		for subordinates	The Control of the Co				
	pendi	900 UNIVERSITY AVENUE, 1136 HINDERAKER HALL,		H(b) Are all subordinates in					
1.7	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527		list. See instructions				
		e: HTTP://FOUNDATION.UCR.EDU		H(c) Group exemption	n number				
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1974 N	State of legal domicile: CA				
Pa	irt I	Summary							
	1	Briefly describe the organization's mission or most significant activities: TO SUPP	PORT EDUC	CATIONAL,					
Governance		RESEARCH, AND PUBLIC FUNCTIONS AND PROGRAMS OF THE RIVERSIDE	CAMPUS						
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	42				
	4	Number of independent voting members of the governing body (Part VI, line 1b)			41				
es &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0				
vitie		Total number of volunteers (estimate if necessary)			37				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			250.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
			_	Prior Year	Current Year				
Φ	8	Contributions and grants (Part VIII, line 1h)		18,635,758.	12,807,494.				
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.				
3eV		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,620,356.	790,838.				
ш.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,377.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,256,114.	13,599,709.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12,040,123.	14,026,380.				
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	070 104	100.761				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		279,184.	198,761.				
	450000	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,319,307.	14,225,141.				
		Revenue less expenses. Subtract line 18 from line 12		9,936,807.	-625,432.				
ts or		T	Be	ginning of Current Year 277,162,217.	End of Year				
Sse	20	Total assets (Part X, line 16)		2,679,875.	255,637,136. 2,350,611.				
Net Assets Fund Balanc	21	Total liabilities (Part X, line 26)		274,482,342.	253,286,525.				
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		2/1,102,512.	233,200,323.				
10.7545	- + 0-314/0C	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the heet of my	knowledge and helief it is				
	100	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and belief, it is				
ti uo,	001100	Merch Merch Merch	ion proparor		2023				
Sigr		Signature of officer		Date					
Her		KIMBERLY MCDADE, VP FINANCE AND CFO							
11011		Type or print name and title							
		Print/Type preparer's name   Preparer's signature	, [	Date Check	PTIN				
Paid		DAVID M HIGHFILL	Dill	4/27/23 if self-employe	P01517891				
Prep		Firm's name KPMG LLP		Firm's EIN ▶	13-5565207				
Use		Firm's address 550 SOUTH HOPE STREET, SUITE 1500	-						
	-	LOS ANGELES, CA 90071		Phone no.213	-972-4000				
May	the IF	S discuss this return with the preparer shown above? See instructions			X Ves No				

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print UC RIVERSIDE FOUNDATION 23-7433570 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 900 UNIV. AVE, 1136 HINDERAKER HALL return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 92521 RIVERSIDE, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) KIMBERLY MCDADE The books are in the care of ► 1136 HINDERAKER HALL - RIVERSIDE, CA 92521 Telephone No. ▶ 951-827-6564 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$  JUN  $\hspace{0.5cm}$  30 ,  $\hspace{0.5cm}$  2022 ► X tax year beginning JUL 1, 2021 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

23-7433570

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO SUPPORT EDUCATIONAL, RESEARCH AND PUBLIC FUNCTIONS AND PROGRAMS OF	
	THE RIVERSIDE CAMPUS OF THE UNIVERSITY OF CALIFORNIA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🗓 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen	ses, and
	revenue, if any, for each program service reported.	
4a		)
	SCHOLARSHIPS, FELLOWSHIPS, AWARDS AND OTHER SUPPORT OF FUNCTIONS AND	
	PROGRAMS OF THE RIVERSIDE CAMPUS OF THE UNIVERSITY OF CALIFORNIA.	
	1 500 000	
4b	(Code:) (Expenses \$ 1,500,990. including grants of \$ 1,500,990. ) (Revenue \$) THE FOUNDATION RECEIVES, RECORDS AND MANAGES GIFTS FROM INDIVIDUALS,	)
	CORPORATIONS, ORGANIZATIONS AND FOUNDATIONS FOR THE SOLE BENEFIT OF UC	
	RIVERSIDE IN ACCORDANCE WITH DONORS' WISHES. THE FOUNDATION PAYS A	
	PERCENTAGE OF GIFTS RECEIVED, REFERRED TO AS GIFT FEES, AND A	
	PERCENTAGE OF ENDOWMENT EARNINGS, KNOWN AS ENDOWMENT FEES, TO UC	
	RIVERSIDE TO OFFSET THE CAMPUS COSTS OF ADMINISTERING AND CARRYING OUT	
	THE TERMS OF THE ENDOWMENT AND TO HELP SUPPORT COSTS OF THE CAMPUS AND	
	IN PARTICULAR THOSE RELATED TO ADVANCEMENT.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	Other and water comitions (December on Calendale C.)	
4d		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 14,026,380.	
<u>4e</u>		orm <b>990</b> (2021)
	•	

# Form 990 (2021) UC RIVERSIDE FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U				x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		
D	•	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the appropriation projection of the construction of the Light of Object			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del></del>
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form 990 (2021) UC RIVERSIDE FOUN	NDATION	

1 0	Continued)		V	N <sub>2</sub>					
22	Did the examination report more than \$5,000 of grants or other assistance to or for democtic individuals on		Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х					
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22							
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
		23	х						
24.5	Schedule J								
<b>24</b> a	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	24a		х					
h	Schedule K. If "No," go to line 25a	24a							
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240							
·		24c							
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240							
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х					
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254							
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete								
		25b		Х					
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200							
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
		26		х					
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> 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? <i>If</i>								
-	"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		X					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>							
-	Coloradado N. Dortell	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						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х						
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		Х					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?								
	Note: All Form 990 filers are required to complete Schedule O	38	Х						
Pa									
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>							
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable								
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						

23-7433570

Form 990 (2021) UC RIVERSIDE FOUNDATION

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

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l							
	to file Form 8282?	7c		Х							
	If "Yes," indicate the number of Forms 8282 filed during the year	_		х							
_	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 7g		_ A							
g											
8	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
Ü	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.)										
12a	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									
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
D	Enter the amount of reserves the organization is required to maintain by the states in which the										
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b										
		14a		х							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	i-ru									
	excess parachute payment(s) during the year?	15		x							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
	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										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										

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 42 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records RUBEN FIERRO - 951-827-6294 1136 HINDERAKER HALL, RIVERSIDE, CA 92521

Form 990 (2021) UC RIVERSIDE FOUNDATION 23-7433570 Page **7** 

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.
- 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.

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

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

(A)  Name and title	(B) Average hours per	(do box	not c	Pos heck	c) ition more rson i	than o	one n an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KIM A. WILCOX	1.00	1								
EX-OFFICIO TRUSTEE	39.00	Х						0.	420,635.	20,718.
(2) PETER HAYASHIDA	1.00	1								
PRESIDENT (THRU 12/31/21)	39.00			Х				0.	381,218.	20,718.
(3) MARIE SCHULTZ	1.00	4						_		_
EXECUTIVE VP	39.00			Х				0.	237,985.	0.
(4) KIM MCDADE	8.00	4								
VP FINANCE AND CFO	32.00			Х				0.	194,331.	17,174.
(5) ESSAM ULHAQ	36.00	4		l					400.044	10 505
ASSOCIATE TREASURER	4.00	<u> </u>		Х				0.	123,241.	18,535.
(6) SHARILYN BERRY	36.00	-		l					405 555	
SECRETARY	4.00			Х				0.	127,575.	0.
(7) ALLISON CAMPBELL	1.00	ł		l						
CHAIR	0.00	Х		Х				0.	0.	0.
(8) ALLISON MACKENZIE	1.00	١							_	
ELECTED MEMBER	0.00	Х						0.	0.	0.
(9) ANTHONY DELUCIA	1.00	٠,,							_	0
ELECTED MEMBER	0.00	Х						0.	0.	0.
(10) BEVERLY BAILEY	1.00	٠,,							_	
ELECTED MEMBER (11) BILL THOMAS	0.00	Х						0.	0.	0.
ELECTED MEMBER	0.00	x						0.	0.	0
(12) BRIAN HAWLEY	1.00	^						0.	0.	0.
IMMEDIATE PAST CHAIR	0.00	x		х				0.	0.	0.
(13) BYRON POLLITT	1.00	^		^				0.	0.	<u> </u>
ELECTED MEMBER	0.00	x						0.	0.	0.
(14) CAROL A. STRATFORD	1.00							· · · · · · · · · · · · · · · · · · ·	0.	
ELECTED MEMBER (THRU 6/30/22)	0.00	x						0.	0.	0.
(15) CHING LIU	1.00		$\vdash$					· · ·	••	<u></u>
ELECTED MEMBER	0.00	x						0.	0.	0.
(16) DALLAS HOLMES	1.00	<del></del> -				$\vdash$		•	•	<u>~.</u>
ELECTED MEMBER (THRU 6/30/22)	0.00	x						0.	0.	0.
(17) DARIN ANDERSON	1.00									
ELECTED MEMBER	0.00	х						0.	0.	0.
		1					ı			Form <b>990</b> (2021)

132007 12-09-21 Form **990** (2021)

UC RIVERSIDE FOUNDATION 23-7433570 Page 8 Form 990 (2021) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated mployee related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) DAVID HADLEY 1.00 ELECTED MEMBER 0.00 Х 0 0 0. (19) DAVID TSAI 1.00 0.00 ELECTED MEMBER Х 0 0 0. 1.00 (20) EDWIN ALLEN ELECTED MEMBER 0.00 0 0. 0. (21) ERIK ANDERSON 1.00 TREASURER 0.00 Х 0. 0. 0. (22) GLEN GRAYMAN 1.00 ELECTED MEMBER (THRU 6/30/22) 0.00 0. 0. (23) GORDON BOURNS 1.00 ELECTED MEMBER 0.00 0. 0. 0. 1.00 (24) JAMES LIN ELECTED MEMBER 0.00 0 0. 0. (25) JAMES MERINO 1.00 ELECTED MEMBER 0.00 0. 0. Х 0. (26) JANET DAVIS 1.00 ELECTED MEMBER 0.00 0 0 0. 0. 1,484,985. 77,145. 1b Subtotal 0 0. c Total from continuation sheets to Part VII, Section A 0. 1,484,985. 77,145. Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization

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

#### **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) Name and business address NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 UC RIVERSIDE FOUNDATION 23-7433570

	ligh	est (	st Compensated Employees (continued)							
(A)			(0	C)			(D)	(E)	(F)	
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	neck	all :	that	app	ly)	compensation	compensation	amount of
	per week					ao		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	ordirector				ed em		(W-2/1099-MISC)	(11 27 1000 111100)	organization
	related		ustee			ensat		,		and related
	organizations	l trus	ınal tr		loyee	dwoo				organizations
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	빌	SE .	#0	. Ye	'≝'	Ğ.			
(27) JEFF KRYNSKI	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0
(28) JOHN LEONARD	1.00									
ELECTED MEMBER (THRU 6/30/22)	0.00	Х						0.	0.	0
(29) JUDITH POSNIKOFF	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0
(30) KATHERINE WRIGHT	1.00									
ELECTED MEMBER (THRU 6/30/22)	0.00	Х						0.	0.	0
(31) KRISTIN CRELLIN	1.00	٠,							0	0
ELECTED MEMBER	0.00	Х						0.	0.	0
(32) MARIGOLD LINTON ELECTED MEMBER (THRU 6/30/22)	0.00							0.	0	0
(33) MARY SCHULER	1.00	Х						0.	0.	0
ELECTED MEMBER	0.00	х						0.	0.	0
(34) NORA HACKETT	1.00	Λ						0.	0.	0
ELECTED MEMBER	0.00	Х						0.	0.	0
(35) SAM KONYN	1.00								٠.	-
ELECTED MEMBER	0.00	х						0.	0.	0
(36) SUSAN ATHERTON	1.00									
ELECTED MEMBER	0.00	х						0.	0.	0
(37) TERESA POLLITT	1.00									
ELECTED MEMBER	0.00	х						0.	0.	0
(38) THOMAS HAIDER	1.00								-	
ELECTED MEMBER (THRU 6/30/22)	0.00	х						0.	0.	0
(39) TIMOTHY GREENLEAF	1.00									
ELECTED MEMBER	0.00	х						0.	0.	0
(40) TIMOTHY JENKINS	1.00									
ELECTED MEMBER (THRU 6/30/22)	0.00	х						0.	0.	0
(41) TRACY WANG	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0
(42) VICTOR TOLAN	1.00									
ELECTED MEMBER (THRU 6/30/22)	0.00	Х						0.	0.	0
(43) VIRGINIA BLUMENTHAL	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0
(44) WALLY BAKARE	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0
(45) WALTER MATERA	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0
(46) WALTER STEWART	1.00									
ELECTED MEMBER	0.00	Х	ı	1	I	l	l	0.1	0.	0

Form 990 UC RIVERSIDE FOUNDATION 23-7433570

Form 990 UC RIVERSIDE Part VII   Section A. Officers, Directors, Tri									23-74335	5 / 0		
		nplo	yee			ligh	est (	Compensated Employees (continued)				
(A) Name and title	(B) Average hours	verage Po					lv)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of		
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations		
47) WILLIAM DAHLING	1.00											
LECTED MEMBER	0.00	Х						0.	0.			
		1										
		1										
		1										
		-										
						$\vdash$				1		
		-										

23-7433570

Form 990 (2021) UC RIVERSII
Part VIII Statement of Revenue

			Check if Schedule O contains a r	esponse o	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
Sυ	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			T T	1b					
S S				1c					
fts,			J	1d					
ية إق									
ons,			5 (	1e					
utic		T	All other contributions, gifts, grants, and		12,807,494.				
ĕ				1f					
ont		_	•	1g  \$	1,248,417.	12 007 404			
O g		n	Total. Add lines 1a-1f			12,807,494.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividen	ds, intere	st, and				
			other similar amounts)			806,241.		250.	805,991.
	4		Income from investment of tax-exemp						
	5		Royalties						
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (loss)		•				
			` '	curities	(ii) Other				
	-	_	assets other than inventory <b>7a</b> 11,79	91,517.					
		h	Less: cost or other basis						
Φ		~	and sales expenses <b>7b</b> 11,80	06 920.					
her Revenue		c	Gain or (loss) 7c -	15,403.					
ě			Net gain or (loss)		<b></b>	-15,403.			-15,403.
푸			Gross income from fundraising events (no						
	Ü	u	including \$						
Ò			contributions reported on line 1c). Se						
			•						
		<b>L</b>	Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising Gross income from gaming activities.						
	9	а	0 0						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming act						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
$\rightarrow$		С	Net income or (loss) from sales of inve	entory					
က္					Business Code				
e e	11	а	OTHER INCOME		901101	1,377.			1,377.
Miscellaneous Revenue		b							
cel.		С							
Mis		d	All other revenue						
		е	Total. Add lines 11a-11d		<b></b>	1,377.			
	12		Total revenue. See instructions	<u></u>	<b>&gt;</b>	13,599,709.	0.	250.	791,965.

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#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 14,026,380 14,026,380 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal 20,821. 20,821, Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... 61,423. 61,423 Other. (If line 11g amount exceeds 10% of line 25, 49,951 49,951 column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 39,561. 39,561. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 21,092. 21,092. Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 5,688. 5,688 23 Other expenses. Itemize expenses not covered 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.) OTHER EXPENSES 225. 225 d All other expenses 14,225,141 Total functional expenses. Add lines 1 through 24e 14,026,380 198,761 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

# Form 990 (2021) Part X Balance Sheet

Pa	rt X	Balance Sneet						
		Check if Schedule O contains a response or	note to	any line in t	his Part X			
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1,946,149.	1	224,954
	2	Savings and temporary cash investments				10,634,536.	2	12,805,008
	3	Pledges and grants receivable, net				6,744,204.	3	6,442,295
	4	Accounts receivable, net				0.	4	0
	5	Loans and other receivables from any currer						
		trustee, key employee, creator or founder, su	ubstanti	al contributo	or, or 35%			
		controlled entity or family member of any of	these pe	ersons		0.	5	0
	6	Loans and other receivables from other disq	ualified					
		under section 4958(f)(1)), and persons descri	ibed in s	ection 4958	3(c)(3)(B) L	0.	6	0
Ŋ	7	Notes and loans receivable, net				0.	7	0
Assets	8	Inventories for sale or use				0.	8	0
Ä	9	B				0.	9	0
	10a	Land, buildings, and equipment: cost or other	er					
		basis. Complete Part VI of Schedule D	10	)a	0.			
	b	Less: accumulated depreciation	10	)b	0.	0.	10c	0
	11	Investments - publicly traded securities				740,001.	11	642,268
	12	Investments - other securities. See Part IV, li	ine 11 .			257,097,327.	12	235,522,613
	13	Investments - program-related. See Part IV, li	line 11			0.	13	0
	14	Intangible assets				0.	14	0
	15	Other assets. See Part IV, line 11				0.	15	0
	16	Total assets. Add lines 1 through 15 (must e	equal lir	e 33)		277,162,217.	16	255,637,136
	17	Accounts payable and accrued expenses				2,051,765.	17	1,828,707
	18	Grants payable				0.	18	0
	19	Deferred revenue				0.	19	0
	20	Tax-exempt bond liabilities				0.	20	0
	21	Escrow or custodial account liability. Comple	ete Part	IV of Sched	ule DL	0.	21	0
S	22	Loans and other payables to any current or f	former o	fficer, direct	or,			
Ĕ		trustee, key employee, creator or founder, su	ubstanti	al contributo	or, or 35%			
Liabilities		controlled entity or family member of any of	these pe	ersons		0.	22	0
_	23	Secured mortgages and notes payable to un				0.	23	0
	24	Unsecured notes and loans payable to unrel	lated thi	rd parties .		0.	24	0
	25	Other liabilities (including federal income tax			1			
		parties, and other liabilities not included on I	lines 17-	24). Comple	te Part X			
		of Schedule D				628,110.		521,904
	26	Total liabilities. Add lines 17 through 25				2,679,875.	26	2,350,611
"		Organizations that follow FASB ASC 958,	check h	iere 🕨 🗀	_			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.						
<u>la</u>	27				<u> </u>		27	
Ä	28	Net assets with donor restrictions					28	
ũ		Organizations that do not follow FASB AS	C 958,	check here	<b>▶</b> 🗓			
F		and complete lines 29 through 33.				_		
ts c	29	Capital stock or trust principal, or current fur				0.	29	0
sse	30	Paid-in or capital surplus, or land, building, o				0.	30	0
Ţ	31	Retained earnings, endowment, accumulated				274,482,342.	31	253,286,525
Š	32	Total net assets or fund balances				274,482,342.	32	253,286,525
	33	Total liabilities and net assets/fund balances	3			277,162,217.	33	255,637,136

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13	599,	709.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	225,	141.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	625,	432.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	274	482,	342.
5	Net unrealized gains (losses) on investments	5	-20	662,	152.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		91,	767.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	253	286,	525.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **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

Name of the organization **Employer identification number** UC RIVERSIDE FOUNDATION 23-7433570 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: X 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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. 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 I, Type II, Type III 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### Schedule A (Form 990) 2021 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

	,, p		,			
	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		` ,	. ,	,	` ,	. ,
, , , , , , , , , , , , , , , , , , , ,						
	11,645,251.	10,605,778.	18,403,146.	18,635,758.	12,807,494.	72,097,427.
Tax revenues levied for the organ-						
•						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3	11,645,251.	10,605,778.	18,403,146.	18,635,758.	12,807,494.	72,097,427.
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 shown on line 11,						
column (f)						21,485,781.
						50,611,646.
tion B. Total Support						
	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Amounts from line 4	11,645,251.	10,605,778.	18,403,146.	18,635,758.	12,807,494.	72,097,427.
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources	3,525,395.	6,130,224.	1,351,124.	1,392,631.	806,241.	13,205,615.
Net income from unrelated business						
activities, whether or not the						
* * * * * * * * * * * * * * * * * * * *						
· ·						
·	240 526				1 277	240 002
	248,526.				1,3//.	249,903.
		,				85,552,945.
•	•	,				
•	•	st, second, third, f	ourth, or fifth tax y	ear as a section 5	J1(c)(3)	. □
					<u></u>	<b>P</b>
•			olumn (fl)		14	59.16 %
						57.55 %
						▶ ▼
		-				
	-					
•	- t The	n qualifies as a nul	blicly supported or	rganization		ightharpoonup
meets the facts-and-circumstances te	est. The organizatio	n quannes as a pui	o			
meets the facts-and-circumstances te 10% -facts-and-circumstances test	-		*	-		
	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	
10% -facts-and-circumstances test	- <b>2020.</b> If the org	anization did not c estances test, chec	heck a box on line k this box and <b>st</b>	13, 16a, 16b, or 1 <b>op here.</b> Explain in	7a, and line 15 is 1 n Part VI how the	
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Stion B. Total Support  Indar year (or fiscal year beginning in)  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop the componity of the componity	dar year (or fiscal year beginning in)	A public Support  Indiar year (or fiscal year beginning in)    Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subvact line 5 from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from merelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, forganization, check this box and stop here.  Public support percentage from 2020 Schedule A, Part II, line 14  33 1/3% support test - 2021. If the organization did not check the box or stop here. The organization qualifies as a publicly supported organization of the facts-and-circumstances test, check this	Arrivation A. Public Support  Index year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subract line 5 from line 4.  **Tion B. Total Support**  Arrivators from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines? Through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y organization, check this box and stop here.  Total support percentage from 2020 Schedule A, Part II, line 14  33 1/3% support test - 2021. If the organization did not check the box on line 13, and line and if the organization meets the facts-and-circumstances test, check this box and stop here.	An Public Support    (a) 2017   (b) 2018   (c) 2019   (d) 2020	Calificity grants, contributions, and membership fees received. (Do not include any "unusual grants.")   11,645,251.   10,605,778.   18,403,146.   18,635,758.   12,807,494.   12,807,494.   18,635,758.   12,807,494.   18,635,758.   12,807,494.   18,635,758.   12,807,494.   18,635,758.   12,807,494.   18,635,758.   12,807,494.   18,635,758.   12,807,494.   18,635,758.   12,807,494.   18,635,758.   12,807,494.   18,635,758.   18,403,146.   18,635,758.   12,807,494.   18,635,758.   18,403,146.   18,635,758.   18,403,146.   18,635,758.   18,403,146.   18,635,758.   18,407,494.   18,635,

Schedule A (Form 990) 2021

Page 2

#### 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.)

Section A. Public Support		•				
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1)	\(\alpha\)	(2)	(1)	(7)	(1)
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)		-			1	
<b>14 First 5 years.</b> If the Form 990 is for the	•			•		. —
check this box and stop here  Section C. Computation of Public						<b>&gt;</b>
•			1 (6)		T 45 T	
15 Public support percentage for 2021 (lii		•	.,,		15	<u>%</u>
16 Public support percentage from 2020 Section D. Computation of Inves		<u> </u>			16	%
•			ino 13 column (f)		17	04
<ul><li>17 Investment income percentage for 20.</li><li>18 Investment income percentage from 2</li></ul>					18	<u>%</u>
19a 33 1/3% support tests - 2021. If the			on line 14, and line			
more than 33 1/3%, check this box an					- 4.5	▶ □
b 33 1/3% support tests - 2020. If the	=	-				
line 18 is not more than 33 1/3%, chec	ū					. $\square$

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# Schedule A (Form 990) 2021

### 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

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a 10b

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Pai	TIV   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.	11c		
Sec	tion B. Type I Supporting Organizations			
			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.	2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	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 in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	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 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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
=	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
	instructions).			, 

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior I	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	,	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	,	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
<u>a</u>	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:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021 UC RIVERSIDE FOUNDATION	23-7433570	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	1 and 2; Part IV, Section V, Section B, line 1e; Pa	n C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
MISCELLANEOUS REVENUE		
2017 AMOUNT: \$ 248,526.		
2018 AMOUNT: \$ 0.		
2019 AMOUNT: \$ 0.		
2020 AMOUNT: \$ 0.		
2021 AMOUNT: \$ 1,377.		

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2021

Schedule B (Form 990) (2021)

UC	RIVERSIDE FOUNDATION	23-7433570
<b>Organization type</b> (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, 0	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F, line 1. Complete Parts I and II.	d that received from any one
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, scional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er ) instead of the contributor name and address), II, and III.	entific,
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled monere the total contributions that were received during the year for an exclusively religious in applete any of the parts unless the <b>General Rule</b> applies to this organization because it re, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	• •

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization Employer identification number

UC RIVERSIDE FOUNDATION 23-7433570

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3** 

Name of organization Employer identification number

UC RIVERSIDE FOUNDATION 23-7433570

art II No	ncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
a) o. om ort I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) o. om rt I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
a) lo. om irt l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		l \$	I

Page **4** 

Name of organization **Employer identification number** UC RIVERSIDE FOUNDATION 23-7433570 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

UC RIVERSIDE FOUNDATION

**Employer identification number** 23-7433570

organization answered "Yes" on Form 990, Part IV, line 6.    Total number at end of year
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 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?  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).  □ Preservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure □ 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  2 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  4 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  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 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?  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).  □ Preservation of land for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ □  Number of states where property subject to conservation easements in located ▶ □  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcements during the year
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?  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?  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).  Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  2 D  d Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
Aggregate value at end of year    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?   Object 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?   Part II
Total number of conservation easements  Total acreage restricted by conservation easements on a certified historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  PAmount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
are the organization's property, subject to the organization's exclusive legal control?
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Part     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)
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Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  Protection of natural habitat  Preservation of open space  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.  Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Number of states where property subject to conservation easement is located ▶  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
Protection of natural habitat  Preservation of open space  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.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
Preservation of open space  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 Yea
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.  a Total number of conservation easements
day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated 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, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
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listed in the National Register
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Notestand the property subject to conservation easements it holds? Yes Notestand the property subject to conservation easements it holds? Yes Notestand the property subject to conservation easements it holds? Yes Notestand the property subject to conservation easements it holds? Yes Notestand the property subject to conservation easements it holds? Yes Notestand the property subject to conservation easements it holds? Yes Notestand the property subject to conservation easements during the year Yes Notestand the property subject to conservation easements during the year Yes
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, handling of violations, and enforcement of the conservation easements it holds? Yes Notestands and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
<ul> <li>Number of states where property subject to conservation easement is located ▶</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> </ul>
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violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> </ul>
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)?
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.
1a 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>b</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
(ii) Assets included in Form 990, Part X
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
b Assets included in Form 990, Part X  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule D (Form 990) 202

Par	t III   Orga	anizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Othe	r Sin	nilar Assets	(contin	nued)			
3												
	collection iter	ms (check all that apply):										
а		exhibition	d	Loan or excl	hange program							
b	=	rly research	e									
c		vation for future generations	-									
4		scription of the organization's co	allections and explain	how they further th	e organization's exe	mnt n	urnose in Part	XIII				
5		ear, did the organization solicit o						/XIII.				
Ŭ		raise funds rather than to be ma					_	Yes		No		
Par		ow and Custodial Arrang										
		ed an amount on Form 990, Par		organization	Transversa 100 of		1000,1 4.11,					
1a	Is the organiz	zation an agent, trustee, custodi	an or other intermedi	arv for contributions	s or other assets not	includ	ded					
		, Part X?						Yes		No		
b		ain the arrangement in Part XIII						_		_		
	, ,	3	ļ	3		Г		Amount				
С	Beginning ba	ılance					1c					
		ring the year				⊢	1d					
		during the year					1e					
f		ce					1f					
2a		nization include an amount on Fo					··	Yes		No		
	-	ain the arrangement in Part XIII.				•				j		
Par		owment Funds. Complete i										
		·	(a) Current year	(b) Prior year	(c) Two years back	(d) Ti	hree years back	(e) Four	years	back		
1a	Beginning of	year balance	259,600,004.	193,196,234.	176,553,196.	17	72,109,725.	157,	642,	758.		
b		5	7,628,910.	9,901,444.	14,895,935.		9,179,677.	7,	300,	839.		
С		ent earnings, gains, and losses	-19,878,754.	66,024,138.			2,480,330.			306.		
d	Grants or sch		9,009,474.	7,963,604.	6,205,894.	+	5,387,671.			895.		
e		ditures for facilities			, ,							
•	and program		1,323,196.	1,368,002.	1,586,455.		1,336,168.	1,	071,	954.		
f		e expenses	61,423.	190,206.			492,697.		470,			
а	End of year b		236,956,067.	259,600,004.			76,553,196.			725.		
2	•	estimated percentage of the curr	ent vear end balance									
		nated or quasi-endowment	6.6700	%	,							
b	ū	ndowment 59.2200	%									
	Term endowr											
		iges on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there end	dowment funds not in the posses	ssion of the organiza	tion that are held an	nd administered for t	he org	anization					
	Are there endowment funds not in the possession of the organization that are held and administered for the organization by:								Yes	No		
		d organizations						3a(i)		Х		
	(i) Unrelated organizations (ii) Related organizations							3a(ii)		Х		
b		ne 3a(ii), are the related organiza						3b				
4		Part XIII the intended uses of the										
Par	t VI Land	d, Buildings, and Equipm	ent.									
	Comp	lete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 1	0.					
Description of property			(a) Cost or of basis (investment)	` '		Accum eprecia	nulated ation	(d) Bool	k valu	e		
1a	Land											
		provements										
	Equipment											
Total	. Add lines 1a	through 1e. (Column (d) must e	qual Form 990. Part	X. column (B), line 10	Oc.)					0.		

Schedule D (Form 990) 2021 UC RIVERSIDE FOUN	DATION	2	3-7433570 Page <b>3</b>			
Part VII Investments - Other Securities.			<u> </u>			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(c) Method of valuation: Cost or end	d-of-year market value				
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A) PRIVATE EQUITY	2,905,582.	END-OF-YEAR MARKET VALUE				
(B) EXCHANGE TRADED PRODUCTS	97,187.	END-OF-YEAR MARKET VALUE				
(C) OTHER	2,572.	END-OF-YEAR MARKET VALUE				
(D) BALANCED FUNDS	232,517,272.	END-OF-YEAR MARKET VALUE				
(E)	, , .					
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	235,522,613.					
Part VIII Investments - Program Related.	233,322,013.					
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1c. See Form 990. Part X. line 13				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value			
	(b) DOOK value	(c) Method of Valuation. Cost of end	d-or-year market value			
<u>(1)</u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX Other Assets.						
Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 15.	T			
(a) [	Description		(b) Book value			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>				
Part X Other Liabilities.						
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25				
1. (a) Description of liability			(b) Book value			
(1) Federal income taxes						
(2) LIABILITIES LIFE BENEFICIARIES	182,439.					
(3) DEFERRED INFLOWS-SPLIT INTEREST			339,465.			
(4)						
(5)						
(6)						
(7)						

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

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

Schedule D (Form 990) 2021

(8) (9)

521,904.

23-7433570

Par	t XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			E 020 000
1				1	-7,032,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	00 660 150		
a	Net unrealized gains (losses) on investments		-20,662,152.		
b	Donated services and use of facilities		01 767		
С.	Recoveries of prior year grants		91,767.		
d	Other (Describe in Part XIII.)				20 570 205
е	Add lines 2a through 2d			2e	-20,570,385.
3	Subtract line 2e from line 1			3	13,538,286.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	61 422		
a	Investment expenses not included on Form 990, Part VIII, line 7b		61,423.		
b	Other (Describe in Part XIII.)				61 422
	Add lines 4a and 4b			4c	61,423. 13,599,709.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Table 12. Table 12. Table 13. Table 14. Table 14. Table 14. Table 15. Table 1	) atements With	Fynenses ner F	5   Return	13,333,703.
I G			Expenses per i	ictairi.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lir			1	14,163,718.
1	Total expenses and losses per audited financial statements			1	14,103,710.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	00			
a	Donated services and use of facilities				
b	Prior year adjustments				
c	Other losses				
d	Other (Describe in Part XIII.)			2e	0.
е 3	Add lines 2a through 2d			3	14,163,718.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	11,100,710.
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	61,423.		
a b	Other (Describe in Part XIII.)		01,120.		
				4c	61,423.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I. line 1			5	14,225,141.
	T XIII Supplemental Information.	<u>6.)</u>			, , ,
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	*		, , , , , , , , , , , , , , , , , , , ,	
	NODED USE OF ENDOWMENT FUNDS	NTOHE HE			
THE	FOUNDATION'S ENDOWMENTS PROVIDE FINANCIAL SUPPORT FOR VAR	RIOUS UC			
RIVE	RSIDE SCHOOLS AND PROGRAMS, INCLUDING RESEARCH, STUDENT S	SCHOLARSHIPS			
AND	FELLOWSHIPS, INSTRUCTIONAL SUPPORT, EQUIPMENT PURCHASES,	CAPITAL			
тмрг	OVEMENTS AND EDUCATION.				
11111	OVERMENTS THIS EDUCATION.				

#### 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.

2021
Open to Public

Inspection

Name of the organization							Employer identification number		
UC RIVERSIDE	23-7433570								
Part I General Information on Grants a	nd Assistance								
<ul> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ul>	stance?				-				
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
REGENTS OF THE UNIV. OF CA., RIVERSIDE - 900 UNIVERSITY AVENUE									
- RIVERSIDE, CA 92521	95-6006142	STATE OF CA	14,026,380.	0.	N/A	N/A	SUPPORT UNIV. PROG.		
2 Enter total number of section 501(c)(3) a	ı nd gövernment örü	u ganizations listed in th	ne line 1 table	I	I	I	1.		
3 Enter total number of other organizations	•	•							
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) 2021		

UC RIVERSIDE FOUNDATION Schedule I (Form 990) 2021 23-7433570 Page 2 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. (b) Number of (e) Method of valuation (a) Type of grant or assistance (c) Amount of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 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: PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS THE UC RIVERSIDE FOUNDATION IS THE PRIMARY DEPOSITORY OF DONATIONS RECEIVED TO SUPPORT UC RIVERSIDE. GIFTS PROCESSED BY THE UC RIVERSIDE FOUNDATION

GRANTS TO MAKE DISTRIBUTIONS FOR THE PURPOSE THE CONTRIBUTIONS WERE GIVEN

INCLUDE 100% TAX DEDUCTIBLE DONATIONS PLUS MEMBERSHIP AND SPECIAL EVENTS

PROCEEDS IN WHICH A PORTION OF THE CONTRIBUTIONS RECEIVED

MAY INCLUDE QUID PRO QUO ITEMS. CONTRIBUTIONS AS NOTED ABOVE ARE

TRANSFERRED TO THE UC RIVERSIDE CAMPUS AS GRANTS. THE CAMPUS USES THE

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

UC RIVERSIDE FOUNDATION

Employer identification number 23-7433570

Pa	art 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			l				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			l				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l				
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							
				l				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	Receive a severance payment or change-of-control payment?	4a		х				
b	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?							
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:							
а	The organization?	5a		X				
b	Any related organization?	5b		Х				
	If "Yes" on line 5a or 5b, describe in Part III.			l				
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		Х				
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9		i				

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

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 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KIM A. WILCOX	(i)	0.	0.	0.	0.	0.	0,	0.	
EX-OFFICIO TRUSTEE	(ii)	420,635.	0.	0.	0.	20,718.	441,353.	0.	
(2) PETER HAYASHIDA	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT (THRU 12/31/21)	(ii)	381,218.	0.	0.	0.	20,718.	401,936.	0.	
(3) MARIE SCHULTZ	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE VP	(ii)	237,985.	0.	0.	0.	0.	237,985.	0.	
(4) KIM MCDADE	(i)	0.	0.	0.	0.	0.	0.	0.	
VP FINANCE AND CFO	(ii)	194,331.	0.	0.	0.	17,174.	211,505.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

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.
FORM 990, PART VII, LINE 1A
SCHEDULE J RELATED ENTITY DISCLOSURE
WHILE THE REGENTS IS NOT A RELATED ENTITY UNDER THE DEFINITION IN FORM
990, GIVEN THE RELATIONSHIP BETWEEN THE REGENTS AND THE CAMPUS
FOUNDATION, THE FOUNDATION REPORTS THE REGENTS AS A RELATED ENTITY FOR
THE SAKE OF TRANSPARENCY.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

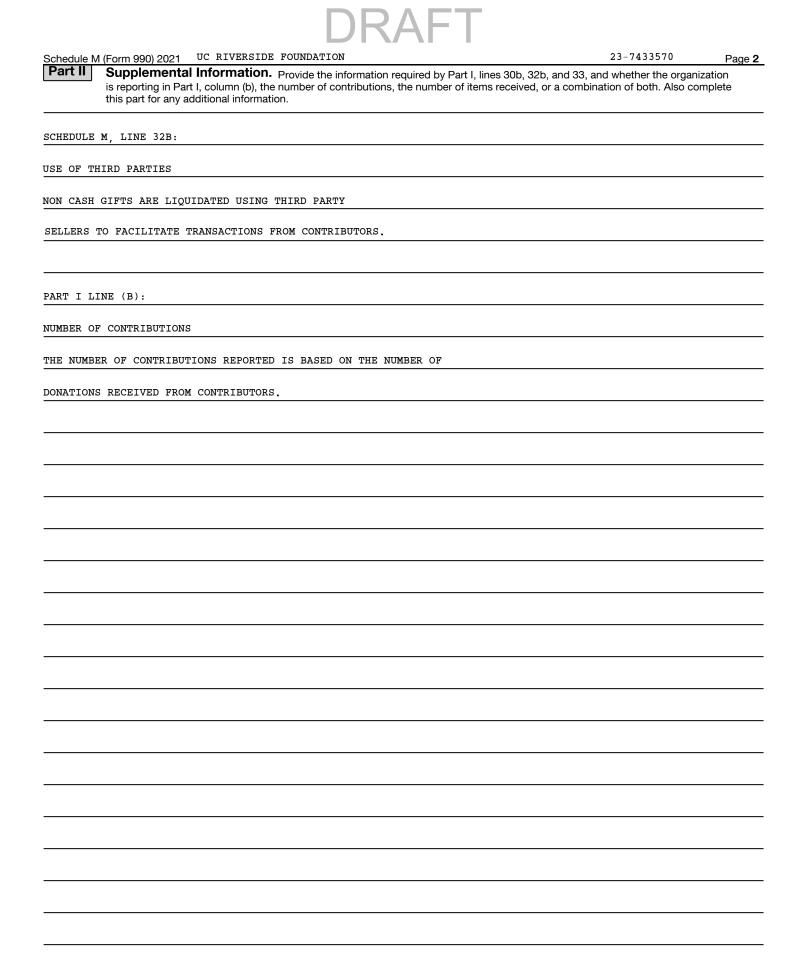
Attach to Form 990.

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

Name of the organization Employer identification number UC RIVERSIDE FOUNDATION 23-7433570

Pai	rt I   Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d			
		applicable		Form 990, Part VIII, line 1g	noncash contrib	ution an	nounts	3
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	Х	14	1,248,417.	AVG PRICE DNTN I	DATE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ( )							
28	Other ( )	. 41						
29	Number of Forms 8283 received by the organization appropriate of Forms 8283	-	•				0	
	for which the organization completed Form 828	33, Paπ V, L	onee Acknowleag	ement <b>29</b>				Na
200	During the year did the organization receive by	contributio	n any proporty ron	arted in Dart L lines 1 throug	sh 20 that it		Yes	No
SUA	During the year, did the organization receive by must hold for at least three years from the date							
	exempt purposes for the entire holding period?		•	·		30a		Х
b	If "Yes," describe the arrangement in Part II.					Sua		
31	Does the organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard contribut	tions?	31	х	
	Does the organization hire or use third parties of							
JŁU	contributions?		_	•		32a	x	
b	If "Yes," describe in Part II.					0Zu		
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked.			
	describe in Part II.	(0) 101		25.41111 (4) 10 01101	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021



Schedule M (Form 990) 2021

132142 11-17-21

## **SCHEDULE 0** (Form 990)

# 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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization UC RIVERSIDE FOUNDATION 23-7433570 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF THE UNIVERSITY OF CALIFORNIA. FORM 990, PART VI, SECTION A, LINE 2: FAMILY OR BUSINESS RELATIONSHIP JANET DAVIS AND CAROL STRATFORD HAVE A FAMILY RELATIONSHIP. THEY ALSO HAVE A BUSINESS RELATIONSHIP INASMUCH AS THEY JOINTLY OWN COMMERCIAL PROPERTIES. BYRON AND TERESA POLLITT HAVE A FAMILY RELATIONSHIP. BEVERLY BAILEY'S STRONGHOLD ENGINEERING, INC., IS WORKING AT UCR ON TWO CONSTRUCTION CONTRACTS. THESE CONTRACTS WERE COMPETITIVELY BID AND THEY WERE THE LOWEST BIDDER. GORDON BOURNS COMPANY, BOURNS, INC., LEASES FACILITIES TO UC RIVERSIDE'S CE-CERT ON STRICTLY COMMERCIAL TERMS DISCLOSURE FOR POLICIES FORM 990, PART VI, SECTION B THE UC RIVERSIDE FOUNDATION IS REQUIRED TO COMPLY WITH THE POLICIES OF THE UNIVERSITY OF CALIFORNIA. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE FOUNDATION'S BOARD OF TRUSTEES. DURING THE REVIEW, THE COMMITTEE MEMBERS HAVE THE OPPORTUNITY TO ASK QUESTIONS OF THE FOUNDATION'S ACCOUNTING STAFF AND/OR THE ACCOUNTING FIRM PREPARING THE RETURN,

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

Schedule O (Form 990) 2021

OMB No. 1545-0047

Inspection

Schedule O (Form 990) 2021 Page **2** 

**Employer identification number** Name of the organization UC RIVERSIDE FOUNDATION 23-7433570 FORM 990, PART VI, SECTION B, LINE 12C: MONITORING CONFLICTS OF INTEREST CONFLICT OF INTEREST POLICY - THE UC RIVERSIDE FOUNDATION HAS A CONFLICT OF INTEREST STATEMENT WHICH MUST BE COMPLETED BY BOARD MEMBERS, OFFICERS AND STAFF MEMBERS IN DECISION-MAKING ROLES ANNUALLY. THE CONFLICT OF INTEREST STATEMENT IS AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT. THE ANNUAL STATEMENTS ARE REVIEWED BY THE PRESIDENT AND CHIEF FINANCIAL OFFICER WHO MONITOR PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST. ANY POTENTIAL OR ACTUAL CONFLICTS ARE DISCLOSED TO THE CHAIR OF THE BOARD OF TRUSTEES IN ORDER TO ADDRESS THEM APPROPRIATELY. A DETERMINATION IS THEN MADE TO: (A)TAKE NO ACTION; (B)ASSURE FULL DISCLOSURE TO THE BOARD OF TRUSTEES AND OTHER INDIVIDUALS COVERED BY THE POLICY; (C)ASK THE MEMBER OR STAFF PERSON TO RECUSE FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS; OR (D)ASK THE PERSON TO RESIGN FROM HIS OR HER POSITION ON THE BOARD OR IF THE PERSON REFUSES TO RESIGN, BECOME SUBJECT TO POSSIBLE REMOVAL. FORM 990, PART VI, SECTION B, LINE 15: PROCESS OF DETERMINING COMPENSATION OF THE CEO AND OTHER OFFICERS. NO OFFICERS OR OTHER EMPLOYEES RECEIVED ANY COMPENSATION FROM THE FILING ORGANIZATION (E.G., FOUNDATION) DURING FY22. ALL ARE EMPLOYEES OF THE UNIVERSITY OF CALIFORNIA, RIVERSIDE AND ARE COMPENSATED BY THE UNIVERSITY. SENIOR MANAGEMENT INCLUDING THE CHANCELLOR, ARE COMPENSATED IN ACCORDANCE WITH UNIVERSITY OF CALIFORNIA REGENTS' POLICY 7701. A NUMBER OF FACTORS ARE CONSIDERED IN DETERMINING FAIR AND REASONABLE COMPENSATION INCLUDING: PERFORMANCE, PEER COMPARABILITY DATA, EXTERNAL MARKET COMPARABILITY, SCOPE AND BREADTH OF EXPERIENCE AND RESPONSIBILITIES. COMPENSATION OF THE

Schedule O (Form 990) 2021 Page 2

**Employer identification number** Name of the organization 23-7433570 UC RIVERSIDE FOUNDATION CHANCELLOR IS APPROVED BY THE REGENTS. FORM 990, PART VI, SECTION C, LINE 18: PUBLICLY REQUIRED INFORMATION THE UC RIVERSIDE FOUNDATION POSTS ITS FORM 990 ON ITS WEBSITE. IT MAKES AVAILABLE ITS FORM 1023 APPLICATION AND ITS FORM 990-T UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE ARTICLES OF INCORPORATION, BYLAWS, FINANCIAL STATEMENTS AND THE CONFLICT OF THE INTEREST POLICY STATEMENT ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990, PART VII AND SCHEDULE J: WHILE THE REGENTS IS NOT A RELATED ENTITY UNDER THE DEFINITION IN FORM 990, GIVEN THE RELATIONSHIP BETWEEN THE REGENTS AND THE CAMPUS FOUNDATION, THE FOUNDATION REPORTS THE REGENTS AS RELATED ENTITY FOR THE SAKE OF TRANSPARENCY. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER CONTRACTORS: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 49,951. FUNDRAISING EXPENSES TOTAL EXPENSES 49,951. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 49,951. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ADJUSTMENTS FOR PRIOR YEAR RETURNED GRANTS 91,767.

### **SCHEDULE R** (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

UC RIVERSIDE FOUNDATION

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

**Employer identification number** 

23-7433570

Open to Public Inspection

OMB No. 1545-0047

(a)	(b)	(c)	(d)	1	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Primary activity  Legal domicile (state or foreign country)		Total income End-of-year			Direct controlling entity		
	_								
	-								
	-								
	_								
	-								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizati	ion answered "Yes" on Form 990	0, Part IV, line 34, I	because it had on	e or more	related tax-exe	mpt		
(a)	(b)	(c)	(d)	(e)		(f)	(	<b>g)</b> 512(b)(13)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code			ct controlling	controlled		
of related organization		foreign country)	section	status (if section 501(c)(3))	ןי	entity		tity?	
REGENTS OF THE UNIVERSITY OF CALIFORNIA -			+	331(3)(3))	+		Yes	No	
94-3067788, 1111 FRANKLIN STREET, OAKLAND,	1								
CA 94607	EDUCATION	CALIFORNIA	GOVT		STATE	OF CA		Х	
UNIVERSITY OF CALIFORNIA, RIVERSIDE -									
95-6006142, 900 UNIVERSITY AVE., RIVERSIDE,									
CA 92521	EDUCATION	CALIFORNIA	501(C)(3)		UC REG	ENTS		Х	
	_								
	7						1		

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.

organizations treated as a partitioning during the tax year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1 ' '	ortionate ations?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership	
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	10	
	1											
	1											
	1											
	1											
	1											
	1		1	1				•	1			

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(j	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		ŕ				Yes	No
	-								
CHARITABLE REMAINDER UNITRUST (4)	TRUST	CA	UCRF	TRUST				х	
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	1								
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								'	

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a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

Yes No

Х

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

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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Х			
c Gift, grant, or capital contribution from related organization(s)				1c		X		
d Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)				1f		Х		
g Sale of assets to related organization(s)				1g		Х		
h Purchase of assets from related organization(s)				1h		Х		
i Exchange of assets with related organization(s)				1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х		
Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
• • • • • • • • • • • • • • • • • • • •								
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses								
•								
r Other transfer of cash or property to related organization(s)				1r		Х		
s Other transfer of cash or property from related organization(s)				1s		Х		
2 If the answer to any of the above is "Yes," see the instructions for information on								
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	ivolved				
1)								
2).								
2)								
3)								
4)								
•								
5)								
		<b>+</b>						
6)								
<b>6)</b> 32163 11-17-21			Schedule	R (Forr	n 990)	2021		

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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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership

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