

2022 Income Tax Return

UC RIVERSIDE FOUNDATION

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

UC RIVERSIDE FOUNDATION 900 UNIV AVE, 1136 HINDERAKER HALL RIVERSIDE, CA 92521

Prepared By:

KPMG LLP 550 South Hope Street, Suite 1500 Los Angeles, CA 90071

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by May 15, 2024.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

3

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 23-7433570 UC RIVERSIDE FOUNDATION KIMBERLY MCDADE Name and title of officer or person subject to tax VP FINANCE AND CFO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize KPMG LLP 12525 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

95488417891

Date

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

KPMG LLP ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

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 instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. RIVERSIDE, CA 92521 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 Code Is For 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 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) RUBEN FIERRO Telephone No. ▶ 951-827-6294 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 If it is for part of the group, check this box MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2022 JUN 30, 2023 , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. 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

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)

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

A For the 2022 calendar year or tax year hadinains

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

	OI LII	e 2022 Calendar year, or tax year beginning 001 1, 2022 and	enaing 0	UN 30, 2023	
В	Check if opplicab	C Name of organization		D Employer identif	ication number
	Addre	de loc riverside Foundation			
	Name chan	Doing business as		23-7433570	
	Initial returr		Room/suite	E Telephone numbe	er
	Final	900 HNTY AVE 1136 HINDEDAKED HALL		951-827-6293	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	25,785,451.
	Amer returr	ded RIVERSIDE, CA 92521		H(a) Is this a group r	eturn
	Appli tion	F Name and address of principal officer: KIMBERLI MCDADE		for subordinate	The second secon
	pendi	900 UNIVERSITY AVENUE, 1136 HINDERAKER HALL,		H(b) Are all subordinates i	
17	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	If "No," attach a	a list. See instructions
JI	Vebsi	te: HTTP://FOUNDATION.UCR.EDU		H(c) Group exemption	on number
KF	orm o	forganization: X Corporation Trust Association Other	L Year	of formation: 1974	M State of legal domicile; CA
Pá	ırt I	Summary	NETWO		
•	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 dispose	ed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	. 37
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	36
80	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
iţi	6	Total number of volunteers (estimate if necessary)			36
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		12,807,494.	11,919,831.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
e Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7.0(20)10(6)5100(6)	790,838.	6,409,456.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,377.	10,105.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,599,709.	18,339,392.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		14,026,380.	14,864,394.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Participation of the second	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NAME OF TAXABLE PARTY.	0.	0.
beu		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		198,761.	169,711.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,225,141.	15,034,105.
	19	Revenue less expenses. Subtract line 18 from line 12		-625,432.	3,305,287.
or				ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		255,637,136.	270,599,516.
Ass	21	Total liabilities (Part X, line 26)		2,350,611.	2,221,306.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		253,286,525.	268,378,210.
Pa	rt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sign	1	Signature of officer		Date	6
Her		KIMBERLY MCDADE, VP FINANCE AND CFO KIMBULLY IN 1966	ade	4-1	18-2024
		Type or print name and title			
		Print/Type preparer's name	11/1	Date Check	PTIN
Paid		DAVID M HIGHFILL	il	4/18/24 if self-emplo	P01517891
Prep		Firm's name KPMG LLP	To Jan T		13-5565207
Use		Firm's address 550 SOUTH HOPE STREET, SUITE 1500			
		LOS ANGELES, CA 90071		Phone no.213	3-972-4000
Max	tho II	RS discuss this return with the preparer shown above? See instructions			X Yes No

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 X 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 ex	oenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, 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.	
4b	(Code:) (Expenses \$1,576,000. including grants of \$1,576,000.) (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.	
	TWITCOME HODE EDMINED TO IDVINCEMENT,	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 14,864,394.	- 000
		Form 990 (2022)

23-7433570

Form 990 (2022) UC RIVERSIDE FOUND
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	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,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		
20a	The state of the s	20a		
	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	,,	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ	l

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Form **990** (2022)

Part IV	Checklist of Red	uired Schedules	(continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		х
29	"Yes," complete Schedule L, Part IV	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
37		27		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai		00		
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

Form **990** (2022)

		1335/0	1	P	age ɔ
Par	rt 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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	[За		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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	[5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	[5с		
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	'''' Г			
	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 pa	ayor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Г	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	···· [
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Г	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	Г	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-	···	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	Г	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:				
	Gross income from members or shareholders 11a				
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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\neg			
а			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b					
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand 13c	$\neg \neg$			
14a		$\neg \uparrow$	14a		Х
		····	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·····			
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see 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.		10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	that would result in the imposition of an excise tax under section 4951, 4952 of 4955?	·····	.,		

Form **990** (2022)

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 37 **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. 36 **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 Did the organization have members or stockholders? 6 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? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 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 14 Х Did the organization have a written document retention and destruction policy? 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Another's website 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 LUKE CHEN - 951-827-6293

Form **990** (2022)

92521

1136 HINDERAKER HALL, RIVERSIDE, CA

Form 990 (2022) 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sat	ed any current officer, d	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		Cei ai		liecto	l / li us	(66)	from	from related	other
	(list any hours for	director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	trustee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)		and related
	below	Individual trustee or	Institutional	ie.	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) KIM A. WILCOX	1.00									
EX-OFFICIO TRUSTEE	39.00	Х						0.	539,889.	21,956.
(2) MARIE SCHULTZ	1.00									
EXECUTIVE VP (THRU 10/3/22)	39.00			Х				0.	240,325.	0.
(3) KIMBERLY MCDADE	8.00	1								
VP FINANCE AND CFO	32.00			Х				0.	217,728.	18,044.
(4) ESSAM ULHAQ	36.00	1								
ASSOCIATE TREASURER (THRU 8/26/22)	4.00			Х				0.	120,904.	14,554.
(5) SHARILYN BERRY	36.00	-						_		_
SECRETARY	4.00			Х				0.	132,215.	0.
(6) MONIQUE DOZIER	1.00	-						_		
PRESIDENT (AS OF 10/13/22)	39.00			Х				0.	124,605.	2,809.
(7) ALLISON CAMPBELL	1.00	-						_	_	_
CHAIR	0.00	Х		Х				0.	0.	0.
(8) ERIK ANDERSON	1.00	-						_	_	_
TREASURER	0.00	Х		Х				0.	0.	0.
(9) BRIAN HAWLEY	1.00									
IMMEDIATE PAST CHAIR	0.00	Х		Х				0.	0.	0.
(10) EDWIN ALLEN	1.00									
ELECTED MEMBER (THRU 6/30/23)	0.00	Х						0.	0.	0.
(11) DARIN ANDERSON	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0.
(12) SUSAN ATHERTON	1.00	_								
ELECTED MEMBER	0.00	Х						0.	0.	0.
(13) BEVERLY BAILEY	1.00	-						_	_	_
ELECTED MEMBER (THRU 6/30/23)	0.00	Х						0.	0.	0.
(14) WALLY BAKARE	1.00	-						_	_	_
ELECTED MEMBER	0.00	Х						0.	0.	0.
(15) DAVID BETTS	1.00	-						_	_	_
ELECTED MEMBER (AS OF 7/1/22)	0.00	Х						0.	0.	0.
(16) VIRGINIA BLUMENTHAL	1.00	١							_	_
ELECTED MEMBER	0.00	Х	-		\vdash	-	-	0.	0.	0.
(17) GORDON BOURNS	1.00								_	_
ELECTED MEMBER	0.00	Х		<u> </u>				0.	0.	0. - 000 (sees)

232007 12-13-22 Form **990** (2022)

Form 990 (2022) UC RIVERSI	DE FOUNDATION								23-743357	0 Page 8
Part VII Section A. Officers, Directors, Tr	rustees, Key Emp	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any	box	not cl	ss per	more rson i	than of s both or/trus	n an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(18) LARRY CHUNG	1.00									
ELECTED MEMBER (AS OF 7/1/22)	0.00	Х						0.	0.	0.
(19) KRISTIN CRELLIN ELECTED MEMBER	0.00	х						0.	0.	0.
(20) WILLIAM DAHLING	1.00									
ELECTED MEMBER	0.00	х						0.	0.	0.
(21) JANET DAVIS	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0.
(22) ANTHONY DELUCIA	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0.
(23) TIMOTHY GREENLEAF	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0.
(24) NORA HACKETT	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0.
(25) DAVID HADLEY	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	0.
(26) MICHAEL HUERTA	1.00									
ELECTED MEMBER (AS OF 7/1/22)	0.00	Х						0.	0.	0.
1b Subtotal								0.	1,375,666.	57,363.
c Total from continuation sheets to Part	t VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,375,666.	57,363.
2 Total number of individuals (including bu	ut not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

compensation from the organization

			res	MO
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 I 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	

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990 UC RIVERSIDE FOUNDATION 23-7433570

Form 990 UC RIVERSIDE									23-74335	5 / 0
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	.
(A) Name and title	(B) Average				C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	(c			that		ly)	compensation from	compensation from related organizations (W-2/1099-MISC)	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)		compensation from the organization and related organizations
(27) SAM KONYN	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	C
(28) JEFF KRYNSKI	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	(
(29) JAMES LIN	1.00									
ELECTED MEMBER (THRU 6/30/23)	0.00	Х						0.	0.	(
(30) CHING LIU	1.00	1								
ELECTED MEMBER	0.00	Х	_	_		<u> </u>		0.	0.	(
(31) ALLISON MACKENZIE	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	1
(32) WALTER MATERA	1.00	-							_	
ELECTED MEMBER	0.00	Х						0.	0.	
(33) JAMES MERINO	1.00	١							_	
ELECTED MEMBER	0.00	Х						0.	0.	(
(34) BYRON POLLITT ELECTED MEMBER	0.00	х						0.	0.	
(35) TERESA POLLITT	1.00	Λ						0.	٠.	(
ELECTED MEMBER	0.00	x						0.	0.	
(36) JUDITH POSNIKOFF	1.00							· · ·		
ELECTED MEMBER	0.00	х						0.	0.	
(37) MARY SCHULER	1.00								- •	
ELECTED MEMBER (THRU 6/30/23)	0.00	х						0.	0.	
(38) STEVE SHUMAN	1.00									
EX-OFFICIO TRUSTEE (AS OF 7/1/22)	0.00	х						0.	0.	
(39) WALTER STEWART	1.00									
ELECTED MEMBER	0.00	х						0.	0.	
(40) BILL THOMAS	1.00									
ELECTED MEMBER	0.00	х	L	L	L	L	L	0.	0.	(
(41) DAVID TSAI	1.00									
ELECTED MEMBER (THRU 6/30/23)	0.00	х						0.	0.	(
(42) TRACY WANG	1.00									
ELECTED MEMBER	0.00	Х						0.	0.	(
Total to Part VII, Section A, line 1c	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>			

23-7433570

Form 990 (2022)

Part VIII Statement of Revenue

			Check if Schedule O contains a	response 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
SS	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,			Related organizations	1d					
ij gi									
ons,			Government grants (contributions)	1e					
utic		T	All other contributions, gifts, grants, and		11,919,831.				
ĕ			similar amounts not included above	1f					
ont		_	Noncash contributions included in lines 1a-1f	1g \$	1,200,995.	11 010 021			
O g		n	Total. Add lines 1a-1f			11,919,831.			
					Business Code				
ce	2	а							
ervi		b							
S		С							
ran Sev		d							
Program Service Revenue		е							
<u>-</u>		f	All other program service revenue \dots						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, intere	st, and				
			other similar amounts)			2,777,074.			2,777,074.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
				ecurities	(ii) Other				
	-	_	assets other than inventory 7a 11,0	78,441.					
		h	Less: cost or other basis	,					
Φ		~	and sales expenses	46.059.					
her Revenue		c		32,382.					
ě			Net gain or (loss)			3,632,382.			3,632,382.
푸			Gross income from fundraising events (n						, , , , , , , , , , , , , , , , , , , ,
Oth	0	а	including \$						
١			contributions reported on line 1c). Se	' I					
			•						
		L	Part IV, line 18 Less: direct expenses						
			Net income or (loss) from fundraising Gross income from gaming activities						
	9	а							
			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 inv	entory					
က္					Business Code				
e e	11	а	OTHER INCOME		901101	10,105.			10,105.
Miscellaneous Revenue		b							
cell Sev		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d			10,105.			
	12		Total revenue. See instructions			18,339,392.	0.	0.	6,419,561.

232009 12-13-22

Form **990** (2022)

23-7433570

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 14,864,394 14,864,394 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 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 20,724. 20,724 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 60,999. 60,999. Other. (If line 11g amount exceeds 10% of line 25, 7,800 7,800 column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 37,860. 37,860. 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 35,119. 35,119. 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 6,204 6,204 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.) 1,005. OTHER EXPENSES 1,005 d All other expenses 15,034,105 Total functional expenses. Add lines 1 through 24e 14,864,394 169,711 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.

Form 990 (2022)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2022) Part X | Balance Sheet

1 Cash - non-interest-bearing 224,954. 1 26 2 Savings and temporary cash investments 12,805,008. 2 14,01 3 Pietgegs and grants receivable, net 6,442,295. 3 6,22 4 Accounts receivable, net 0. 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(f)), and persons described in section 4958(c)(S)(B) 0. 6 7 Notes and loans receivable, net 0. 9 10 Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 0. 0 0. 0 10 Less: accumulated depreciation 10 Less: accumulated depreciation 10 Less: accumulated depreciation 10 Less: accumulated depreciation 10 Less: accumulated securities 642,266. 10 11 Investments - program-related. See Part IV, line 11 235,522,613. 12 249,58 13 Investments - program-related. See Part IV, line 11 0. 13 14 Intangible assets 1. 828,707. 17 1. 87 16 Total assets. Add lines 1 through 15 (must equal line 33) 255,637,136. 16 270,59 17 Accounts payable and accrued expenses 1. 828,707. 17 1. 87 18 Grants payable and accrued expenses 1. 828,707. 17 1. 87 19 Deferred revenue 0. 19 20 Tax-exempt bond liabilities 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 24 22 Loans and other payables to unrelated third parties 0. 24 23 Secured mortgages and notes payable to unrelated third parties 0. 24 24 Unsecured notes and loans payable to unrelated third parties 0. 24 25 Total liabilities. Add lines 17 through 25 0. 25 0. 27 26 Total liabilities. Add lines 17.24). Complete Part X of Schedule D 2. 27 0. 27 27 Not assets with donor restrictions 28 28 Not assets with donor restrictions 28	art X	Balance Sheet					
1		Check if Schedule O contains a response or n	ote to any line in t	his Part X			
2 Savings and temporary cash investments							(B) End of year
Page 2 Savings and temporary cash investments 12,805,008, 2 14,01 3 Pledges and grants receivable, net 6,442,295, 3 6,22 4 Accounts receivable, net 0, 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0, 5 6 Loans and other receivables from other disqualified persons (as defined under section 4956(f)(1)), and persons described in section 4958(c)(5)(B) 0, 6 7 Notes and loans receivable, net 0, 7 8 Inventories for sale or use 0, 8 9 Prepald expenses and deferred charges 0, 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 0, 0, 10c 11 Investments - publicly traded securities 56 Fart IV, line 11 235, 522, 613, 12 249, 58 13 Investments - program-related. See Part IV, line 11 235, 522, 613, 12 249, 58 13 Investments - program-related. See Part IV, line 11 235, 522, 613, 12 249, 58 15 Other assets. See Part IV, line 11 255, 63, 136, 16 270, 59 17 Accounts payable and accrued expenses 1, 827, 77, 17, 1, 87 18 Grants payable 57 Countered of the payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0, 22 20 Tax-exempt bond liabilities 0, 149 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0, 22 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0, 22 23 Secured mortgages and notes payable to unrelated third parties 0, 23 24 Unsecured notes and loans payable to unrelated third parties 0, 24 25 Other liabilities (including federal income tax, payables to related third parties 0, 24 26 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Complete Part X of Schedule D 2, 350, 611	1	Cash - non-interest-bearing			224,954.	1	263,234
4 Accounts receivable, net	2				12,805,008.	2	14,016,686
4 Accounts receivable, net	3	Pledges and grants receivable, net			6,442,295.	3	6,225,824
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	4				0.	4	0
controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(p)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 1 , 828, 707, 17 1, 87 18 Grants payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here	5						
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		trustee, key employee, creator or founder, sub	stantial contribute	or, or 35%			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		controlled entity or family member of any of these persons			0.	5	0
7 Notes and loans receivable, net 8 Inventories for sale or use 0. 8 9 Prepaid expenses and deferred charges 0. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 0. 10b 0. 0. 10c 11c 12 Investments - publicly traded securities 642,2666. 11 51 12 Investments - publicly traded securities 642,2661. 11 51 13 Investments - program-related. See Part IV, line 11 0. 13 14 Intangible assets 0. 14 15 Other assets. See Part IV, line 11 0. 15 15 Other assets. See Part IV, line 11 0. 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 255,637,136. 16 270,59 17 Accounts payable and accrued expenses 1,828,707. 17 1,87 18 Grants payable 0. 18 19 Deferred revenue 0. 20 Tax-exempt bond liabilities 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0. 22 23 Secured mortgages and notes payable to unrelated third parties 0. 23 Unsecured notes and loans payable to unrelated third parties 0. 24 Unsecured notes and loans payable to unrelated third parties 0. 24 Unsecured notes and loans payable to unrelated third parties 0. 24 Unsecured notes and loans payable to unrelated third parties 0. 24 Unsecured notes and loans payable to unrelated third parties 0. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 2, 25 0 34 25 0 34 0 35 0 35 0 35 0 35 0 35 0 35 0 3	6						
10a		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0.	6	0	
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13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here	11					11	510,060
14 Intangible assets	12						249,583,712
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here	13					0	
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18 Grants payable 0. 18 19 Deferred revenue 0. 19 20 Tax-exempt bond liabilities 0. 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0. 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0. 22 23 Secured mortgages and notes payable to unrelated third parties 0. 23 24 Unsecured notes and loans payable to unrelated third parties 0. 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 5. 21,904. 25 34 26 Total liabilities. Add lines 17 through 25 2,350,611. 26 2,222 Organizations that follow FASB ASC 958, check here	16						270,599,516
Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here							1,876,259
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24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here			0		0		
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here					0		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 521,904. 25 34 26 Total liabilities. Add lines 17 through 25 2,350,611. 26 2,22 Organizations that follow FASB ASC 958, check here	23				0		
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		· ·			0.	24	0
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26 Total liabilities. Add lines 17 through 25 2,350,611. 26 2,22 Organizations that follow FASB ASC 958, check here		of Coloradula D	, ,		521 904	0.5	345,047
Organizations that follow FASB ASC 958, check here	26	***************************************					2,221,306
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 28	20				2,330,011.	20	2,221,300
27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28	2		leck liefe _	_			
28 Net assets with donor restrictions 28	27					27	
La Not about Will delici Federations	28						
Organizations that do not follow FASB ASC 958, check here	20						
and complete lines 29 through 33.	<u>.</u>		ooo, oncok nore				
29 Capital stock or trust principal, or current funds 0. 29	29		is		0.	29	0
30 Paid-in or capital surplus, or land, building, or equipment fund	30						0
31 Retained earnings, endowment, accumulated income, or other funds 253,286,525. 31 268,37	31						268,378,210
32 Total net assets or fund balances	32						268,378,210
33 Total liabilities and net assets/fund balances 255,637,136. 33 270,59							270,599,516
	33	TOTAL HADIILIES AND THE ASSETS/TUND DAIANCES		l	200,007,100.	აა	Form 990 (2

Form **990** (2022)

Part XI Reconciliation of Net Assets

23	3-743357	0	Pag	ge 12	
				х	
1		18	,339,	392.	
2		15	,034,	105.	
		3	,305,	287.	
1		253	,286,	525.	
3 4 5 7 8		11	,011,	731.	
6					
7					
3					
9			774,	667.	
0		268	,378,	210.	
			Yes	No	
		2a		Х	
а					
		2b	Х		
sis	,				

	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	18,	,339,	392.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,	,034,	105.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	,305,	287.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	253,	,286,	525.
5	Net unrealized gains (losses) on investments	5	11,	,011,	731.
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		774,	667.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	268,	378,	210.
Pa	t 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	O.			
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	<u> </u>
	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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

Form **990** (2022)

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2022

Inspection
Employer identification number

_			ERSIDE FOUNDATI				<u> </u>	23-7433570
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
he	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5	X	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	一	An organization that norma	-					oublic described in
		section 170(b)(1)(A)(vi). (C	•	a. part or no support ii	o a gov		anne on monn and goneran p	
8		A community trust describe		(1)(A)(vi). (Complete Part	: II)			
9	Ħ	An agricultural research org			•	ed in coniu	nction with a land-grant	college
Ŭ		or university or a non-land-g				-	-	•
		university:	grant conege or agric	ulture (300 il 13ti uotioli3).	Litter tire i	name, only	, and state of the conege	, 01
10	\Box	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ne memberehin fees and	d gross receipts from
10	ш	activities related to its exem	•				· ·	•
		income and unrelated busin		(less section 511 tax) iro	m busines	sses acquii	ed by the organization a	inter June 30, 1975.
		See section 509(a)(2). (Cor	-	b. k. k. k. k. f lelle en			20(-)(4)	
11	H	An organization organized a	· ·	*	•			
12	ш	An organization organized a	•	•	•			
		more publicly supported or						neck the box on
		lines 12a through 12d that					, ,	
а			•	•	•	-		
		the supported organization			majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o						
b			•					•
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus						
С			grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete i	Part IV, Se	ections A,	D, and E.	
d			integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	٧.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	• •					
f	Ente	er the number of supported o	organizations					
g		vide the following information			(iv) Is the oran	anization listed		
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

Schedule A (Form 990) 2022 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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	(f) Total 2,372,007. 2,372,007. 2,989,157. 9,382,850.
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 10,605,778. 18,403,146. 18,635,758. 12,807,494. 11,919,831. 72 10,605,778. 18,403,146. 18,635,758. 12,807,494. 11,919,831. 72 10,605,778. 18,403,146. 18,635,758. 12,807,494. 11,919,831. 72 10,605,778. 18,403,146. 18,635,758. 12,807,494. 11,919,831. 72 10,605,778. 18,403,146. 18,635,758. 12,807,494. 11,919,831. 72 10,605,778. 18,403,146. 18,635,758. 12,807,494. 11,919,831. 72 10,605,778. 18,403,146. 18,635,758. 12,807,494. 11,919,831. 72 10,605,778. 18,403,146. 18,635,758. 12,807,494. 11,919,831. 72	2,372,007.
include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	2,372,007.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	2,372,007.
ization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	2,989,157.
or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	2,989,157.
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	2,989,157.
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3	2,989,157.
the organization without charge 4 Total. Add lines 1 through 3	2,989,157.
4 Total. Add lines 1 through 3	2,989,157.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	2,989,157.
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) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	<u> </u>
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	<u> </u>
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	<u> </u>
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	<u> </u>
amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	<u> </u>
column (f) 12 6 Public support. Subtract line 5 from line 4. 55 Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	<u> </u>
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	<u> </u>
6 Public support. Subtract line 5 from line 4.	9 382 850
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022	-,,
10 605 778 18 402 146 10 625 750 12 007 404 14 010 021 79	(f) Total
7 Amounts from line 4 10,605,778. 18,403,146. 18,635,758. 12,807,494. 11,919,831. 73	2,372,007.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 6,130,224. 1,351,124. 1,392,631. 806,241. 2,777,074. 13	2,457,294.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.) 1,377. 10,105.	11,482.
11 Total support. Add lines 7 through 10 84	4,840,783.
12 Gross receipts from related activities, etc. (see instructions)	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	69.99 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	59.16 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	t
stop here. The organization qualifies as a publicly supported organization	Х
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	ore,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	n
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	🔲
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

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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.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						<u> </u>
		(=) 0010	(h) 0010	(=) 0000	(4) 0001	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2022. If the						
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	pox on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

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Schedule A (Form 990) 2022 UC RT Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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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Pa	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		
	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			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have 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			
800	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see 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		6.		
	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 Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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	ally integrate	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	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5			
_6	Other distributions (describe in Part VI). See instructions.		6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2022 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f_	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2022 distributable amount					
<u>i</u>	Carryover from 2017 not applied (see instructions)					
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
<u> </u>	Applied to 2022 distributable amount					
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
<u>a</u>	Excess from 2021 Excess from 2022					

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS REVENUE
2018 AMOUNT: \$0.
2019 AMOUNT: \$0.
2020 AMOUNT: \$0.
2021 AMOUNT: \$1,377.
2022 AMOUNT: \$10,105.

Schedule B

(Form 990)

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** UC RIVERSIDE FOUNDATION $23 \!-\! 7433570$

Schedule of Contributors

Organization type (check one):						
Filers of:		Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$				
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify 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) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization Employer identification number

UC RIVERSIDE FOUNDATION 23-7433570

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WALLY BAKARE 838 ASH ST. UNIT 4 DENVER, CO 80220-3951	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No2	Name, address, and ZIP + 4 ENGIVEN FOUNDATION 1122 KENILWORTH DR. STE. 201 TOWSON, MD 21204-2143	* \$ 290,775.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LAURA MCDERMOTT 26 OLD RAMCH RD. LAGUNA NIGUEL, CA 92677-9210	\$\$	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
4	FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277-0053	\$\$	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	HCA HEALTHCARE 1 PARK PLZ. NASHVILLE, TN 37203-6527	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 PAMELA RUBIN 714 N. ARDEN DR. BEVERLY HILLS CA 90210-3512	\$\$ 750,000.	Person X Payroll

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

UC RIVERSIDE FOUNDATION 23-7433570

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		 \$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				

Schedule B (Form 990) (2022) 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.

2022
Open to Public

Name of the organization

Employer identification number

UC RIVERSIDE FOUNDATION 23-7433570 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, 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 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? 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 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)? 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. 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 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 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 Assets included in Form 990, Part X

232051 09-01-22

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

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	r Simila	r Assets	(contin	nued)	
3									
	collection items (check all that apply):								
а									
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further th	e organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other similar	r assets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" or	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributions	or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been j	orovided on Part XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	r years	back
1a	Beginning of year balance	236,956,067.	259,600,004.	193,196,234.	176,5	553,196.	172	,109,	725.
	Contributions								677.
С	Net investment earnings, gains, and losses								330.
d	Grants or scholarships							671.	
	Other expenditures for facilities								
	and programs	1,410,997.	1,323,196.	1,368,002.	1,5	86,455.	1,	336,	168.
f	Administrative expenses	60,999.	61,423.	190,206.	3	321,557.		492,	697.
g	End of year balance	254,182,547.	236,956,067.	259,600,004.	193,1	L96,234.	176	553,	196.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	6.6096	%	•					
b	Permanent endowment 58.9132	%	_						
С	Term endowment 34.4772	 %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	•	tion that are held an	d administered for th	ne				
	organization by:	ŭ						Yes	No
	(i) Unrelated organizations 3a(i) X								
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X,	line 10.				
	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation								
1a	Land								
	Buildings								
	Leasehold improvements								
d									
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X column (B) line 10	Oc.)					0.

Schedule D (Form 990) 2022 UC RIVERSIDE FOUN	IDATION		23-7433570 Page 3
Part VII Investments - Other Securities.			1 ago
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)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A) PRIVATE EQUITY	3,066,041.	END-OF-YEAR MARKET VALUE	
(B) EXCHANGE TRADED PRODUCTS	75,546.	END-OF-YEAR MARKET VALUE	
(C) OTHER	2,832.	END-OF-YEAR MARKET VALUE	
(D) BALANCED FUNDS	246,439,293.	END-OF-YEAR MARKET VALUE	
(E)	, , -		
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	249,583,712.		
Part VIII Investments - Program Related.			
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 e	nd-of-vear market value
	(b) Dook raide	(0,	na or your marries raids
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(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" of	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
	Description	Td. Gee Form 550, Fare X, line 15.	(b) Book value
· · · · · · · · · · · · · · · · · · ·	Sescription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
	on Form 000 Port IV line 1	10 or 11f Coo Form 000 Dart V line 2)E
Complete if the organization answered "Yes" (on Form 990, Part IV, line 1	Te or TTI. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			140.000
(2) LIABILITIES LIFE BENEFICIARIES			140,262.
(3) DEFERRED INFLOWS-SPLIT INTEREST			204,785.
(4)			
(5)			
(6)			
(7)			

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) 2022

(8)

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

345,047.

23-7433570

ı uı	Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total revenue, gains, and other support per audited financial statements			1	30,064,791.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	11,011,731.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c	594,043.		
d	Other (Describe in Part XIII.)	2d	180,624.		
е	Add lines 2a through 2d			2e	11,786,398.
3	Subtract line 2e from line 1			3	18,278,393.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,999.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	60,999.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.))		5	18,339,392.
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total expenses and losses per audited financial statements			1	14,973,106.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	14,973,106.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,999.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	60,999.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			5	15,034,105.
Pai	t XIII Supplemental Information.	2.1			•
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 V, LINE 4:			; Part X, II	ne 2; Part XI,
INTE	NDED USE OF ENDOWMENT FUNDS				
THE	FOUNDATION'S ENDOWMENTS PROVIDE FINANCIAL SUPPORT FOR VAR	ious uc			
RIVE	RSIDE SCHOOLS AND PROGRAMS, INCLUDING RESEARCH, STUDENT S	CHOLARSHIPS			
AND	FELLOWSHIPS, INSTRUCTIONAL SUPPORT, EQUIPMENT PURCHASES,	CAPITAL			
IMPR	OVEMENTS AND EDUCATION.				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
CHAN	GE IN VALUE OF SPLIT INTEREST AGREEMENTS	180,624	•		

Schedule D (Form 990) 2022 UC RIVERSIDE FOUNDATION	23-7433570	Page 5
Schedule D (Form 990) 2022 UC RIVERSIDE FOUNDATION Part XIII Supplemental Information (continued)		

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.

2022
Open to Public Inspection

Name of the organization							Employer identification number
UC RIVERSIDE FOUNDATION Part I General Information on Grants and Assistance							23-7433570
				amanda a a li alla llib			
1 Does the organization maintain records criteria used to award the grants or assis							□, ,
2 Describe in Part IV the organization's pro							Lifes Light
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990. Part	IV. line 21, for any
recipient that received more than						, ·	, = .,,
1 (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	05 6006142	STATE OF CA	14 964 304	0	N/A	NT / 3	GUDDODE UNIV. DDOG
- RIVERSIDE, CA 92521	95-6006142	STATE OF CA	14,864,394.	0.	N/A	N/A	SUPPORT UNIV. PROG.
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table				
3 Enter total number of other organization	s listed in the line 1	table					0.

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

UC RIVERSIDE FOUNDATION Schedule I (Form 990) 2022 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. (a) Type of grant or assistance (b) Number of (e) Method of valuation (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 INCLUDE 100% TAX DEDUCTIBLE DONATIONS PLUS MEMBERSHIP AND SPECIAL EVENTS PROCEEDS IN WHICH A PORTION OF THE CONTRIBUTIONS RECEIVED MAY INCLUDE QUID

Schedule I (Form 990) 2022

PRO OUO ITEMS. CONTRIBUTIONS AS NOTED ABOVE ARE TRANSFERRED TO THE UC

RIVERSIDE CAMPUS AS GRANTS. THE CAMPUS USES THE GRANTS TO MAKE

DISTRIBUTIONS FOR THE PURPOSE THE CONTRIBUTIONS WERE GIVEN AND IN

Schedule I (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

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			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
a	Province and an arrange of a set of a s	4a		х
a h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		x
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	10		
	The feet to day of more the personic and provide the approache amounter for each from the architecture.			
	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		х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ı

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

Schedule J (Form 990) 2022

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-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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)	539,889.	0.	0.	0.	21,956.	561,845.	0.	
(2) MARIE SCHULTZ	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE VP (THRU 10/3/22)	(ii)	240,325.	0.	0.	0.	0.	240,325.	0.	
(3) KIMBERLY MCDADE	(i)	0.	0.	0.	0.	0.	0.	0.	
VP FINANCE AND CFO	(ii)	217,728.	0.	0.	0.	18,044.	235,772.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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Page 2

Schedule J (Form 990) 2022

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

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 23-7433570

	UC RIVERSIDE FOUNI	DATION				23	-743357	0	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	Method of noncash contr		_	s
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	X	9	1,200,995.	AVG	PRICE DNTN	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 ()								
29	Number of Forms 8283 received by the organic								
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive b	-				that it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	•	•	•	tions?		. 31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a	Х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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this part for any additional information.
PART I, LINE B:
NUMBER OF CONTRIBUTIONS
THE NUMBER OF CONTRIBUTIONS REPORTED IS BASED ON THE NUMBER OF
DONATIONS RECEIVED FROM CONTRIBUTORS.
PART I, LINE 32B:
USE OF THIRD PARTIES
NON CASH GIFTS ARE LIQUIDATED USING THIRD PARTY SELLERS TO FACILITATE
TRANSACTIONS FROM CONTRIBUTORS.

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SCHEDULE O (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

UC RIVERSIDE FOUNDATION	23-7433570
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
OF THE UNIVERSITY OF CALIFORNIA.	
FORM 990, PART V, LINE 3B:	
DURING FY23, UC RIVERSIDE FOUNDATION DID NOT HAVE UNRELATED BUSINESS GROSS	
INCOME OF \$1,000 OR MORE; HOWEVER, IS FILING A 2022 FORM 990-T FOR	
CONTINUITY AND TO RETAIN THE NOL CARRYFORWARD SCHEDULE.	
EODM 990 DADE VI.	
FORM 990, PART VI: DISCLOSURE FOR POLICIES	
THE UC RIVERSIDE FOUNDATION IS REQUIRED TO COMPLY WITH THE POLICIES OF THE	
UNIVERSITY OF CALIFORNIA.	
FORM 990, PART VI, SECTION A, LINE 2:	
BYRON AND TERESA POLLITT HAVE A FAMILY RELATIONSHIP.	
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. A COMPLETE COPY OF THE FORM 990 IS DISTRIBUTED	
TO THE ENTIRE BOARD BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MONITORING CONFLICTS OF INTEREST	

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

Schedule O (Form 990) 2022 Page **2**

Name of the organization UC RIVERSIDE FOUNDATION	Employer identification number 23-7433570
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 FY23. 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	
CHANCELLOR IS APPROVED BY THE REGENTS.	

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** UC RIVERSIDE FOUNDATION 23-7433570 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 XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN FV OF SPLIT INTEREST AGREEMENTS 180,624. ADJUSTMENTS FOR PRIOR YEAR RETURNED GRANTS 594,043. TOTAL TO FORM 990, PART XI, LINE 9 774,667.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

vame of the organization UC RIVERSIDE FOUNDAT	ION				E	23-7433570	cation nu	ımber
Part I Identification of Disregarded Entities. Complete	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) End-of-year	assets	Direct c	(f) ontrolling atity	9
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	or mor	e related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dire	(f) ect controlling entity	cont	g) 512(b)(13) rolled :ity?
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 94-3067788, 1111 FRANKLIN STREET, OAKLAND, CA. 94607	EDUCATION	CALIFORNIA	GOVT.		c m a m F	C OF CA	Yes	No X
UNIVERSITY OF CALIFORNIA, RIVERSIDE - 95-6006142, 900 UNIVERSITY AVE., RIVERSIDE, CA 92521	EDUCATION	CALIFORNIA	501(C)(3)			GENTS		x
	-		221(0)(0)					

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

Schedule R (Form 990) 2022

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

(a)	(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 sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership
		country)		sections 512-514)		833013	Yes	No	K-1 (Form 1065)	Yes N	<u></u> اد
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled ity?
CHARITABLE REMAINDER UNITRUSTS (3) 900 UNIV AVE, 1136 HINDERAKER HALL, RIVERSIDE, CA 92521	TRUST		UCRF	TRUST				Yes	No_
	-								

UC RIVERSIDE FOUNDATION 23-7433570 Schedule R (Form 990) 2022 Page 3

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 Gift, grant, or capital contribution to related organization(s)				1b	Х		
c Gift, grant, or capital contribution from related organization(s)				1c		Х	
d Loans or loan guarantees to or for related organization(s)				1d		Х	
e Loans or loan guarantees by related organization(s)				1e		Х	
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		Х	
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	
I Performance of services or membership or fundraising solicitations for related organizations				11		Х	
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				1q		Х	
				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 v	who must complete th	is line, including covered rela	ationships and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
1)							
2)							
3)							
4)							
b)	_						
6)							
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Schedule R (Form 990) 2022 UC RIVERSIDE FOUNDATION 23-7433570 Page 4

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) Disproptionate allocation	Code V-UBI amount in box of Schedule K-	General managin partner	(k) Percentage ownership
	-									

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