

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

Department of the Treasury
Internal Revenue ServiceFor calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.

2017

► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UC SANTA BARBARA FOUNDATION	D Employer identification number (Employees' trust, see instructions.) 23-7314834
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. UNIVERSITY OF CALIFORNIA	E Unrelated business activity codes (See instructions.) 525990
C Book value of all assets at end of year 265,586,946.		City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93106-1130	
F Group exemption number (See instructions.) ►		G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ► ATTACHMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No
If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► MELODIE LEE UCSB FDN Telephone number ► 805-893-5274

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance ►		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit. Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from partnerships and S corporations (attach statement)	4c		
6	Rent income (Schedule C)	5	-3,012.	ATTACH 2 -3,012.
7	Unrelated debt-financed income (Schedule E)	6		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	7		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8		
10	Exploited exempt activity income (Schedule I)	9		
11	Advertising income (Schedule J)	10		
12	Other income (See instructions; attach schedule)	11		
13	Total. Combine lines 3 through 12	12		
		13	-3,012.	-3,012.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	ATTACHMENT 3 3,610.
29	Total deductions. Add lines 14 through 28	29	3,610.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-6,622.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-6,622.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-6,622.

For Paperwork Reduction Act Notice, see instructions.

7X2740 2,000 USA
7848KW 4178

V 17-7.2F

2999800

Form 990-T (2017)

PAGE 1

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

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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/efile, click on Charities & Non-Profits, and click on 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.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UC SANTA BARBARA FOUNDATION	Employer identification number (EIN) or 23-7314834
	Number, street, and room or suite no. If a P.O. box, see instructions. UNIVERSITY OF CALIFORNIA	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93106-1130	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	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

MELODIE LEE UCSB FDN

- The books are in the care of ► 1110 PHELPS UCSB SANTA BARBARA CA 93106-1130

Telephone No. ► 805 893-5274

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 or
► tax year beginning 07/01, 2017, and ending 06/30, 2018.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0.
c 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.	3c \$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 1-2017)

Part III Tax Computation

35 **Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ► **See instructions** and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ (2) \$ (3) \$

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750). \$
 (2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34. ► 35c

36 **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041). ► 36

37 **Proxy tax.** See instructions ► 37

38 Alternative minimum tax 38

39 **Tax on Non-Compliant Facility Income.** See instructions 39

40 **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41a

b Other credits (see instructions). 41b

c General business credit. Attach Form 3800 (see instructions) 41c

d Credit for prior year minimum tax (attach Form 8801 or 8827). 41d

e **Total credits.** Add lines 41a through 41d 41e

42 Subtract line 41e from line 40 42

43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43

44 **Total tax.** Add lines 42 and 43 44 0.

45 a Payments: A 2016 overpayment credited to 2017 45a

b 2017 estimated tax payments 45b

c Tax deposited with Form 8868 45c

d Foreign organizations: Tax paid or withheld at source (see instructions) 45d

e Backup withholding (see instructions) 45e

f Credit for small employer health insurance premiums (Attach Form 8941) 45f

g Other credits and payments:
 Form 2439 _____
 Form 4136 _____ Other _____ Total ► 45g

46 **Total payments.** Add lines 45a through 45g 46

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► 47

48 **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ► 48

49 **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ► 49

50 Enter the amount of line 49 you want: **Credited to 2018 estimated tax** ► Refunded ► 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ► Yes No X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X Yes No X

53 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

Sign Here ►	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	Title
Paid Preparer Use Only	Print/Type preparer's name MATTHEW PETROSKI	Preparer's signature 	Date 02/28/2019
	Firm's name ► PRICEWATERHOUSECOOPERS LLP	Check <input type="checkbox"/> if self-employed Firm's EIN ► 13-4008324	
	Firm's address ► THREE EMBARCADERO CENTER, SAN FRANCISCO, CA 94111	Phone no. 415-498-5000	

May the IRS discuss this return with the preparer shown below
(see instructions)? Yes No

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a		
b Other costs (attach schedule)	4b	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X
5 Total. Add lines 1 through 4b	5		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).	
Totals ►			
Total dividends-received deductions included in column 8 ►			

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.
Enter here and on page 1,
Part I, line 8, column (A).

Add columns 6 and 11.
Enter here and on page 1,
Part I, line 8, column (B).

Totals ►

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1,
Part I, line 9, column (A).

Enter here and on page 1,
Part I, line 9, column (B).

Totals ►

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I,
line 10, col. (A).

Enter here and on page 1, Part I,
line 10, col. (B).

Enter here and on page 1,
Part II, line 26.

Totals ►

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ►

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ►						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ►						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ►			

► Attach to the corporation's tax return.
► Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name UC SANTA BARBARA FOUNDATION	Employer identification number 23-7314834
<p>Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).</p> <p>1 Taxable income or (loss) before net operating loss deduction</p> <p>2 Adjustments and preferences:</p> <p>a Depreciation of post-1986 property</p> <p>b Amortization of certified pollution control facilities</p> <p>c Amortization of mining exploration and development costs</p> <p>d Amortization of circulation expenditures (personal holding companies only)</p> <p>e Adjusted gain or loss</p> <p>f Long-term contracts</p> <p>g Merchant marine capital construction funds</p> <p>h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)</p> <p>i Tax shelter farm activities (personal service corporations only)</p> <p>j Passive activities (closely held corporations and personal service corporations only)</p> <p>k Loss limitations</p> <p>l Depletion</p> <p>m Tax-exempt interest income from specified private activity bonds</p> <p>n Intangible drilling costs</p> <p>o Other adjustments and preferences</p> <p>3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o.</p> <p>4 Adjusted current earnings (ACE) adjustment:</p> <p>a ACE from line 10 of the ACE worksheet in the instructions</p> <p>b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions</p> <p>c Multiply line 4b by 75% (0.75). Enter the result as a positive amount</p> <p>d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)</p> <p>e ACE adjustment.</p> <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount <p>5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT</p> <p>6 Alternative tax net operating loss deduction. See instructions</p> <p>7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions</p> <p>8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):</p> <p>a Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-</p> <p>b Multiply line 8a by 25% (0.25)</p> <p>c Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-</p> <p>9 Subtract line 8c from line 7. If zero or less, enter -0-</p> <p>10 Multiply line 9 by 20% (0.20)</p> <p>11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions</p> <p>12 Tentative minimum tax. Subtract line 11 from line 10.</p> <p>13 Regular tax liability before applying all credits except the foreign tax credit</p> <p>14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return</p>	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

UNRELATED BUSINESS INCOME FROM INVESTMENTS IN LIMITED PARTNERSHIPS

ATTACHMENT 2FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

PARTNERSHIP INCOME	-3,012.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-3,012.</u>

ATTACHMENT 3FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONSTAX PREPARATION FEES 3,610.PART II - LINE 28 - OTHER DEDUCTIONS 3,610.

ATTACHMENT 4**NET OPERATING LOSS**

YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED	YEAR UTILIZED	CARRYOVER
6/30/2009	56,212	9,527	2010	44,810
		1,875	2012	
6/30/2010	1,691			46,501
6/30/2012	932			47,433
6/30/2014	8,559			55,992
6/30/2015	3,220			59,212
6/30/2016	4,623			63,835
6/30/2017	7,029			70,864
6/30/2018	6,622			77,486
NET OPERATING LOSS CARRYFORWARD TO 06/30/2019				77,486