

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/30, 20 21

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

► Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

UC SANTA BARBARA FOUNDATION

Name and title of officer or person subject to tax

CHRISTIAN TREITLER, CFO

Taxpayer identification number

23-7314834

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, 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.

1a Form 990 check here ► <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b _____
2a Form 990-EZ check here ► <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b _____
3a Form 1120-POL check here ► <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b _____
4a Form 990-PF check here ► <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ► <input type="checkbox"/>	b Balance due (Form 8868, line 3c).	5b _____
6a Form 990-T check here ► <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).	6b _____ 0.
7a Form 4720 check here ► <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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

I authorize PRICEWATERHOUSE COOPERS LLP to enter my PIN
ERO firm name
Enter five numbers, but
do not enter all zeros

on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ► Christian TreitlerDate ► 3/2/2022**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0 4 3 6 3 8 1 3 4 0 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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.

ERO's signature ► ErinDate ► 02/28/2022

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2020 or other tax year beginning 07/01, 2020, and ending 06/30, 2021

2020

► 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 OnlyA Check box if
address changed.

B Exempt under section

<input checked="" type="checkbox"/>	501(C) 3
<input type="checkbox"/>	408(e) 220(e)
<input type="checkbox"/>	408A 530(a)
<input type="checkbox"/>	529(a) 529A

Print
or
TypeName of organization (Check box if name changed and see instructions.)

UC SANTA BARBARA FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

UNIVERSITY OF CALIFORNIA

City or town, state or province, country, and ZIP or foreign postal code

SANTA BARBARA, CA 93106-1130

C Book value of all assets at end of year. ► 437,897,761.

D Employer identification number

23-7314834

E Group exemption number
(see instructions)F Check box if
an amended return.G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entityH Check if filing only to ► Claim credit from Form 8941 Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ► J Enter the number of attached Schedules A (Form 990-T). ► 1K 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 ►

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

1115 PHELPS HALL UC
SANTA BARBARA CA 93106-1130

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	-3,268.
2	Reserved	2	
3	Add lines 1 and 2.	3	-3,268.
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-3,268.
6	Deduction for net operating loss. See instructions.	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-3,268.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9	Trusts. Section 199A deduction. See instructions.	9	
10	Total deductions. Add lines 8 and 9	10	
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	0.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	1a	
b Other credits (see instructions).	1b	
c General business credit. Attach Form 3800 (see instructions)	1c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).	1d	
e Total credits. Add lines 1a through 1d	1e	
2 Subtract line 1e from Part II, line 7	2	
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here ►	4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	
6 a Payments: A 2019 overpayment credited to 2020	6a	
b 2020 estimated tax payments. Check if section 643(g) election applies ► <input type="checkbox"/>	6b	
c Tax deposited with Form 8868.	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e Backup withholding (see instructions)	6e	
f Credit for small employer health insurance premiums (attach Form 8941)	6f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 Other _____ Total ►	6g	
7 Total payments. Add lines 6a through 6g	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ► <input type="checkbox"/>	8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ►	9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. ►	10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ►	Refunded	11

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

1 At any time during the 2020 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	
2 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	
3 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		
4 a Did the organization change its method of accounting? (see instructions)		
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here ► <i>Christian Treitler</i>	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	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name ERICA R MCREYNOLDS	Preparer's signature <i>Erica R. McReynolds</i>	Date 13/2/2022	Check <input type="checkbox"/> if self-employed PTIN P00977806
	Firm's name ► PRICEWATERHOUSE COOPERS LLP		Firm's EIN ► 13-4008324	
	Firm's address ► 2001 MARKET STREET, SUITE 1800, PHILADELPHIA, PA 19103		Phone no. 267-330-3000	

JSA
0X2741 1.000

Form 990-T (2020)

SCHEDULE A
(Form 990-T)Department of the Treasury
Internal Revenue Service**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0074

2020Open to Public Inspection for
501(c)(3) Organizations Only► 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).

A Name of the organization

UC SANTA BARBARA FOUNDATION

B Employer identification number

23-7314834

C Unrelated business activity code (see instructions) ► 901101**D Sequence:** 1 **of** 1**E Describe the unrelated trade or business** ► PARTNERSHIP INVESTMENTS

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 (Part III, line 8).			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions).			
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI).			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII).			
10	Exploited exempt activity income (Part VIII).			
11	Advertising income (Part IX).			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12			

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

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement) (see instructions)		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562) (see instructions)		7	
8	Less depreciation claimed in Part III and elsewhere on return		8a	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	3,268.
15	Total deductions. Add lines 1 through 14		15	3,268.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-3,268.
17	Deduction for net operating loss (see instructions)		17	
18	Unrelated business taxable income. Subtract line 17 from line 16.		18	-3,268.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation ►

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A
B
C
D

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ►				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ►				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A
B
C
D

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ►				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ►				
11 Total dividends-received deductions included in line 10.				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

Exempt Controlled Organizations					
1. Name of controlled organization	2. Employer identification number	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)					
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

- 1 Description of exploited activity:
- 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)
- 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)
- 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7
- 5 Gross income from activity that is not unrelated business income
- 6 Expenses attributable to income entered on line 5
- 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12

2	
3	
4	
5	
6	
7	

Schedule A (Form 990-T) 2020

Part IX. Advertising Income

Name(s) or periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

2 Gross advertising income

a Add columns A through D. Enter here and on Part I, line 11, column (A). ►

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B). ►

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8. . .

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than

line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on

a Add line 8, columns A through D. Enter the result in line 10.

Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1.

Part XI Supplemental Information (see instructions)

SCHEDELE A: PARNTERSHIP INVESTEMENTS

PART II LINE 14 - OTHER DEDUCTIONS DETAIL

TAX PREPARATION FEES	3,268.
TOTAL OTHER DEDUCTIONS	3,268.

ATTACHMENT**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
6/30/2019	3,718			81,204
6/30/2020	3,108			84,312
6/30/2021	3,268			87,580
NET OPERATING LOSS CARRYFORWARD TO 06/30/2022				87,580