			EXTENDED TO JULY 15,	2020						
	0	90	Return of Organization Exempt F			OMB No. 1545-0047				
Forr	n J	JU	cept private foundatio							
		of the Treasury	Do not enter social security numbers on this form	-		Open to Public				
		enue Service	► Go to www.irs.gov/Form990 for instructions and			Inspection				
A For the 2018 calendar year, or tax year beginningJUL 1, 2018and endingJUN 30, 2019B Check ifC Name of organizationD Employer identification number										
B Check if applicable: C Name of organization number										
CAL POLY CORPORATION										
	Name Chang	648180								
	Initial returr	Number		Room/suite	E Telephone numbe					
	Final returr termi	n	AND AVE BLDG 15		(805)756-1455				
	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	131,150,227.				
	_returr]Appli) SAN	LUIS OBISPO, CA 93407		H(a) Is this a group re					
	⊥tiò'n pend		nd address of principal officer:LORLIE LEETHAM AS C ABOVE		for subordinates H(b) Are all subordinates ir					
<u> </u>	-22.02	empt status:		or 527		list. (see instructions)				
					H(c) Group exemptio					
			X Corporation Trust Association Other ►	L Year		State of legal domicile: CA				
	art I	Summary								
e	1	Briefly describ	e the organization's mission or most significant activities: ${{ m TO}}$ PI	ROVIDE	E THE UNIVER	SITY WITH				
anc		CERTAIN SERVICES AND FACILITIES WHICH ARE AN INTEGRAL PART 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net asse								
Activities & Governance	2	Check this bo								
20	3	Number of vot	12							
8	4	Number of ind	3821							
ties	5		of individuals employed in calendar year 2018 (Part V, line 2a)			270				
živi	6		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12			192,773.				
¥			business taxable income from Form 990-T, line 38			0.				
		Net unrelated			Prior Year	Current Year				
ø	8	Contributions	and grants (Part VIII, line 1h)		8,436,341.	12,637,761.				
ňue	9		ce revenue (Part VIII, line 2g)		37,383,482.	39,881,649.				
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		1,820,464.	9,947,315.				
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,314,023.	27,365,848.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		74,954,310.	89,832,573.				
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	······	8,055,689.	8,010,879.				
	14	-	to or for members (Part IX, column (A), line 4)		0. 37,661,014.	$\begin{array}{c} 0. \\ 39.295.370 \end{array}$				
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	<u> 39,295,370.</u> 0.				
Expenses			undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	0.	• •	•				
Ĕ			ng expenses (Part IX, column (D), line 25) ► es (Part IX, column (A), lines 11a-11d, 11f-24e)		28,931,286.	29,416,259.				
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		74,647,989.	76,722,508.				
	19		expenses. Subtract line 18 from line 12	306,321.	13,110,065.					
or ces				Be	eginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		192,599,266.	209,928,217.				
et As	21		(Part X, line 26)		82,354,423.	84,590,967.				
			fund balances. Subtract line 21 from line 20	1	10,244,843.	125,337,250.				
	art II			a and -1-1	and and to the heart of	u lun au da alama ara di ka Ba Ka Sa S				
			I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
uue,	COLLE	or, and complete	. Declaration of preparer (other than officer) is based on all information of wh	non prepare	i nas any knowledge.					

Sign Here	Signature of officer LORLIE LEETHAM, CHIEF Type or print name and title	EXECUTIVE OFFICER	Date							
Paid Print/Type preparer's name Preparer's signature Date Check PTIN MICAL W. BOVEE, CPA Preparer's signature Date Check PO1023187										
Preparer	Firm's name 🕞 GLENN BURDETTE		Firm's EIN 95-2772601							
Use Only	Firm's address 1150 PALM STREET	1								
SAN LUIS OBISPO, CA 93401 Phone no.805-544-144										
May the IRS discuss this return with the preparer shown above? (see instructions)										
832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm	<u>1 990 (2018)</u> CAL POLY CORPORATION 95-1648180 P
Pa	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 PROVIDE THE UNIVERSITY WITH CERTAIN SERVICES AND FACILITIES WHICH
	ARE AN INTEGRAL PART OF THE EDUCATIONAL PROGRAM OF THE UNIVERSITY.
	ARE AN INTEGRAL TAKE OF THE EDUCATIONAL TROOKAM OF THE UNIVERSITI.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 25,816,802. including grants of \$ 1,531,588.) (Revenue \$ 25,269,90
	RESEARCH GRANTS & CONTRACTS: EXTERNALLY SPONSORED PROJECTS
	ADMINISTERED BY THE CORPORATION FOR BENEFIT OF THE UNIVERSITY.
	(Code:)(Expenses \$ 18,795,579. including grants of \$ 5,779,332.) (Revenue \$ 11,449,84
4b	(Code:) (Expenses 18, 795, 579. including grants of 5, 779, 332.) (Revenue 11, 449, 84 RESTRICTED AND DESIGNATED FUNDS: GIFTS AND SPECIAL ACTIVITY ACCOUNTS
	THAT ARE RESTRICTED OR DESIGNATED FOR SUPPORT OF UNIVERSITY PROGRAMS.
4c	(Code:) (Expenses \$ 22,524,207. including grants of \$ 699,959.) (Revenue \$ 34,604,14
	EDUCATIONAL BOOKSTORE: PROVIDED BOOKS, LEARNING MATERIALS AND EQUIPME
	FOR THE UNIVERSITY STUDENTS AND FACULTY/STAFF; CAMPUS DINING SERVICES
	FOR UNIVERSITY STUDENTS AND FACULTY; AGRICULTURE PROJECTS
	TOK UNIVERBITT DIODENTD AND TREODIT, AGRICOLIORE TROODETD
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,524,680. including grants of \$) (Revenue \$ 3,042,516.)
4e	Total program service expenses ► 69,661,268.
	Form 990
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_	4
00	701 756668 004394 2018.06000 CAL POLY CORPORATION 00439

 Form 990 (2018)
 CAL
 POLY
 CORPORATION

 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		- 23
6	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,	0		
'	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			
Ū	Schedule D, Part III	8	х	
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	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	x	
	Schedule D, Parts XI and XII	12a	^	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	x	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	<u>л</u>	x
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		- 23
D.	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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	115		
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	id the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	id the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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CAL POLY CORPORATION

Part IV Checklist of Required Schedules (continued)

			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	X	
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		v	
• •	Schedule J	23	X	
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			x
	Schedule K. If "No," go to line 25a	24a		
	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		
4	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		
		24u		
254	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
D	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
_0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<u> </u>		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
• •	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		v	
0 -	Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	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 eaction 512(b)(12)2 /f "Yes" complete Schedule P. Part V. line 2	256		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pa			•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 508	8		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	orm 990 (2018) CAL POLY CORPORATION 95-164818								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			age 5					
			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 2a 3821								
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х						
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)?	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		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	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		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x					
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	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.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
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								
40	amounts due or received from them.)	12a							
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40 -							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans 13b								
	Enter the amount of reserves on hand 13c	14-		X					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x					
	excess parachute payment(s) during the year?	15							
16	If "Yes," see instructions and file Form 4720, Schedule N.	46		х					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16							
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2018)

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Form 990 ((2018)
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CAL POLY CORPORATION

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI								
Sec	tion A. Governing Body and Management								
		1 1		Yes	ľ				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a .	12						
	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 in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other							
	officer, director, trustee, or key employee?		2						
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?		3						
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4						
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?							
6	Did the organization have members or stockholders?								
7a									
	more members of the governing body?		. 7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				T				
	persons other than the governing body?		7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				T				
а	The governing body?		8a	X	L				
b	Each committee with authority to act on behalf of the governing body?		 8b	X	t				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				t				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				l				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal			•					
				Yes	Ι				
0a	Did the organization have local chapters, branches, or affiliates?		10a		T				
	If "Yes," did the organization have written policies and procedures governing the activities of such				t				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		l				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			X	t				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 3			t				
			12a	X	L				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			X	t				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '				t				
-	in Schedule O how this was done		12c	x	l				
3	Did the organization have a written whistleblower policy?			X	t				
4	Did the organization have a written document retention and destruction policy?			X	t				
5	Did the process for determining compensation of the following persons include a review and appro				t				
5					l				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official		15a	x	ſ				
				X	╀				
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		150		┟				
6-		amont with a							
od	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable optity during the year?		160		I				
F	taxable entity during the year?		16 a		╀				
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 org		101		ľ				
	exempt status with respect to such arrangements?		16b		L				
	tion C. Disclosure				_				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA)(0)		~				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, a	anu 990-1 (Section 507(C	nos only) avail	a				
	for public inspection. Indicate how you made these available. Check all that apply.	in in Cabadul- O							
~		in in Schedule O)							
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	omilica of interest policy,	and finar	icial					
~	statements available to the public during the tax year.	a a la cara de la 🛌							
0	State the name, address, and telephone number of the person who possesses the organization's b	DOOKS and records -							
	DAN BANFIELD - (805) 756-7335 1 GRAND AVE BLDG 15, SAN LUIS OBISPO, CA 93407								
			F	. 000	/.				
2006	5 12-31-18 Q		Forn	n 990	(2				
<u>^</u>			0.0	120	^				
00	701 756668 004394 2018.06000 CAL POLY CORPO	JKAT TON	004	439	4				

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employee	s, Highest	Compensated
	Employees, and Independe	ent Contrac	tors			

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	C)	•		(D)	(E)	(F)
Name and Title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	s bot	n an	compensation	compensation	amount of
	week					1/	(00)	from	from related	other
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			Highest compensated employee		(W-2/1099-MISC)	(112/1000/11100)	organization
	organizations	truste	al tru:		iyee	npe		(and related
	below	vidual	Institutional trustee	er	Key employee	est co loyee	ner			organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) CYNTHIA VILLA	4.00									
CHAIR	40.00	Х		Х				0.	287,034.	91,961.
(2) NICK PETTIT	4.00									
VICE CHAIR	40.00	Х		Х				0.	152,310.	67,512.
(3) ANDREW THULIN	4.00									
SECRETARY/TREASURER		Х		Х				0.	239,110.	92,540.
(4) PHIL BARLOW	4.00									
DIRECTOR	40.00	Х						1,500.	136,163.	53,659.
(5) STEVE HARDING	4.00								_	
DIRECTOR		Х						0.	0.	0.
(6) PAUL HOOVER (PART YEAR)	4.00								_	
DIRECTOR		х						0.	0.	0.
(7) KEITH HUMPHREY	4.00									
DIRECTOR	40.00	х						0.	241,540.	93,241.
(8) KSHITIJ MEHTA	4.00									
DIRECTOR		х						0.	0.	0.
(9) PATRICK MULLEN	4.00									
DIRECTOR		х						0.	0.	0.
(10) CYRUS RAMEZANI	4.00									
DIRECTOR	40.00	X						0.	165,647.	69,098.
(11) STEVEN REIN	4.00								04 601	
DIRECTOR	40.00	X						0.	94,691.	50,784.
(12) ROMAN WASKIEWICZ	4.00	v						2 652	0	0
DIRECTOR	10 00	X						2,652.	0.	0.
(13) DEAN WENDT	10.00	v						29,450.	227,217.	00 111
DIRECTOR	40.00	<u>^</u>						29,450.	22/,21/.	89,111.
(14) LORLIE LEETHAM	40.00			x				0.	107 506	74,916.
CHIEF EXECUTIVE OFFICER	40.00			^				0.	197,590.	74,910.
(15) DAN BANFIELD SR. DIRECTOR, BUSINESS & FINANCE	40.00					x		143,507.	15,780.	31,775.
(16) KACEY CHUN	40.00					-		-,		
DIRECTOR, HUMAN RESOURCES						x		112,684.	34,830.	22,943.
(17) MIKE THORNTON	40.00							,	. ,	,
DIRECTOR, BUSINESS & CONCEPT DEVELOP						х		132,473.	0.	18,924.
832007 12-31-18						_				Form 990 (2018)

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2018.06000 CAL POLY CORPORATION

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Form 990 (2018) CAL POLY	CORPORA	T]	101	N					95-1	6481	180	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees	, and	d Hi	ighes	st C	Compensated Employe	es (continued)				
(A)							(E)			(F)			
Name and title	Average	(do		Posi heck i		1 than d	one	Reportable	Reportable	;	Esti	mate	:d
	hours per	box, unless person is both an officer and a director/trustee)				is both	ı an	compensation	compensation		amo	ount	of
	WEEK		er an		recic			from	from related			ther	
	(list any	recto						the	organization		comp		
	hours for related	or di	æ			ated		organization	(W-2/1099-MIS	5C)		m the	
	organizations	ustee	trust		e	ipens		(W-2/1099-MISC)			orga	relate	
	below	ual tr	tional		iploy6	st con yee	_				organ		
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				orgai		5110
(18) JAMES DUNNING	40.00	_		0	¥	ᅀ	ш						
DIRECTOR ECON DEV & TECH TRANS						x		131,446.		ο.	36	6	36.
(19) EUMI SPRAGUE	40.00							101,110.		<u> </u>		, •	50.
						x		117,664.		ο.	22	2	98.
DIRECTOR, IT								117,004.		<u> </u>	55	, 4	90.
1b. Sub total						<u> </u>	_	671 376.	1,791,9	18.	826	3	98.
1b Sub-total c Total from continuation sheets to Part VI								0,1,5,0.	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.	020	, 5	0.
								•••	1,791,9		826	2	
d Total (add lines 1b and 1c)											020	, 5	90.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	SOVe	e) wn	o r	eceived more than \$100	0,000 of reportab	le			11
compensation from the organization												/	
										г		/es	No
3 Did the organization list any former officer,	-		e, ke	ey en	nplc	oyee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su	•								0				
and related organizations greater than \$150),000? If "Yes,"	" со	mple	ete S	Sche	edule	Ji	for such individual		L	4	Х	
5 Did any person listed on line 1a receive or a	accrue comper	isat	ion f	rom	any	/ unre	elat	ted organization or indiv	idual for services	;			
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	uch j	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	ende	ent c	onti	racto	rs t	that received more than	\$100,000 of con	npensa	ation fro	om	
the organization. Report compensation for										•			
(A)								(B)			(C)		
Name and business	address							Description of s	ervices	C	ompens		n
CHARTWELLS DINING SERVIC	25										•		
PO BOX 50196, LOS ANGELES		0.0	7 4					MANAGEMENT S	ERVICES	1	866	0	70
THE MIRIAM HOSPITAL, ONE				BC	v		-				000	, 0	10.
43, SUITE 1300, PROVIDENC			-			11		RESEARCH SUP		1	391	2	16
DONOVAN CONSTRUCTION	, KI (22	,0.) - 4	ŧΤ,	±Τ	_				791	, ,	10.
					-			CONSTRUCTION		1	214	0	2 17
940 MORAN COURT, PASO ROL	BLES, CA	7 7	134	14 C)			MANAGEMENT			314	, 0	5/.
CSU CHICO RESEARCH	05000							OPEN DATA SE	KATCE	1	0 - 0	_	1 ~
25 MAIN STREET, CHICO, CA	A 95928							SUPPORT			270	, 5	12.
NEWTON CONSTRUCTION					_			CONSTRUCTION		1		_	
PO BOX 3260, SAN LUIS OB	<u>ispo, c</u> a	7 7	334	<u> 103</u>	3			MANAGEMENT			224	,7	98.
2 Total number of independent contractors (i	ncluding but n	ot lii	nite	d to	tho	se lis	tec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation 🕨				11	1							

\$100,000 of compensation from the organization 🕨

Form **990** (2018)

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Form 990 (2018) CAL POLY Part VIII Statement of Revenue CAL POLY CORPORATION

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			·····
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
D	b	Membership dues	1b					
Ā		Fundraising events		203,639.				
and Other Similar Amounts		Related organizations		3,705,239.				
Ē		Government grants (contribut						
S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abo	ve 1f	8,728,883.				
	g	Noncash contributions included in lines	1a-1f: \$	1,370,453.				
aŭ	h	Total. Add lines 1a-1f		▶	12,637,761.			
				Business Code				
	2 a	GRANTS & CONTRACTS		900099	25,269,903.	25,269,903.		
Revenue	b	SERVICE FEES		561000	7,489,550.	7,240,141.	249,409.	
ň	с	UNIV. PROGRAMS SUPPORT		900099	3,246,746.	3,246,746.	-	
eve	d	CONFERENCES & WORKSHOP	S	519100	3,042,516.	3,042,516.		
ř	е	MISCELLANEOUS		900099	832,934.	832,934.		
	f	All other program service reve	enue					
		Total. Add lines 2a-2f			39,881,649.			
	3	Investment income (including						
		other similar amounts)			2,348,283.			2,348,28
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	()					
		Less: rental expenses	761,605.					
		Rental income or (loss)	-63,935					
		Net rental income or (loss)			-63,935.	81,133.	-73,404.	-71,66
		Gross amount from sales of	(i) Securities	(ii) Other	,	,	,	,
	•	assets other than inventory	28,091,508					
	b	Less: cost or other basis		, , -				
	~	and sales expenses	27,781,503	. 911,184.				
	c	Gain or (loss)						
		Net gain or (loss)			7,599,032.	7,289,027.		310,00
		Gross income from fundraisin			.,	.,,		,
	0 4	including \$203						
		contributions reported on line						
		Part IV, line 18		239,957.				
	h	Less: direct expenses	u b					
5		Net income or (loss) from fund			49,016.			49,01
		Gross income from gaming ac	-	▶	19,010,			15,01
	5 a							
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances		39 053 188				
	h	Less: cost of goods sold		11,672,421.				
					27,380,767.	27,363,999.	16,768.	
┢	C	Net income or (loss) from sale Miscellaneous Revenu		Business Code	2,,300,707.	2,,303,555.	10,700.	
┝	11 ~	IVIISCEIIAITEOUS REVENU	C	Dusiness Code				
	11 а ь							
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d		F	00 000 550	74.266.200	100	0.005.01
	12	Total revenue. See instructions			89,832,573.	74,366,399.	192,773.	2,635,64

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CAL POLY CORPORATION

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).

Do n	Check if Schedule O contains a resport of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·	- 5 1	·
	and domestic governments. See Part IV, line 21	7,932,679.	7,932,679.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	78,200.	78,200.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	292,344.		292,344.	
	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	27,157,361.	23,805,306.	3,352,055.	
	Pension plan accruals and contributions (include	_,,,,	,,		
	section 401(k) and 403(b) employer contributions)	1,106,384.	833,462.	272,922.	
	Other employee benefits	8,770,722.		1,310,823.	
	-	1,968,559.	1,717,095.	251,464.	
	Payroll taxes	1,500,555.		231,1010	
	Fees for services (non-employees):				
	Management	65,295.	61,490.	3,805.	
	Legal	124,629.	01,400.	124,629.	
	Accounting	124,029.		124,025.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	123,201.	38,022.	85,179.	
	Investment management fees	123,201.	30,022.	05,179.	
-	Other. (If line 11g amount exceeds 10% of line 25,	E 400 E22	5,340,170.	150,362.	
	column (A) amount, list line 11g expenses on Sch 0.)	5,490,532. 492,292.			
	Advertising and promotion		489,608.	2,684.	
	Office expenses	271,088.	214,079.	57,009.	
	Information technology	397,937.	184,047.	213,890.	
15	Royalties	523,182.	523,182.		
16	Occupancy	2,212,438.	2,137,488.	74,950.	
	Travel	1,876,312.	1,842,495.	33,817.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots			1.6 0.40	
19	Conferences, conventions, and meetings	118,964.	102,915.	16,049.	
	Interest	1,263,235.	1,263,235.		
	Payments to affiliates	1 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
22	Depreciation, depletion, and amortization	1,403,602.	1,227,405.	176,197.	
	Insurance	251,522.	167,219.	84,303.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	SUPPLIES & EQUIPMENT	4,115,047.	4,028,161.	86,886.	
	CONTRACT & GRANT IDC EX	4,006,694.	4,006,694.		
	LIVESTOCK EXPENSE	1,089,929.	1,089,929.		
-	HOSTING	976,819.	958,769.	18,050.	
		4,613,541.	4,159,719.	453,822.	
	All other expenses	76,722,508.	69,661,268.	7,061,240.	0
	Joint costs. Complete this line only if the organization	,0,122,500•	0,001,200.	,,001,210.	0
	, , , , , , , , , , , , , , , , , , , ,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Lif following SOP 98-2 (ASC 958-720)				Form 990 (201

a Land, buildings, and equipment: cost or other							
basis. Complete Part VI of Schedule D	10a		4,930.				
Less: accumulated depreciation	10b	21,74	7,055.	49,540,		10c	61,597,875.
Investments - publicly traded securities				79,105,		11	83,743,579.
Investments - other securities. See Part IV, line 1	1			4,	223.	12	4,223.
Investments - program-related. See Part IV, line 1	1					13	
Intangible assets						14	
Other assets. See Part IV, line 11				638,		15	323,000.
Total assets. Add lines 1 through 15 (must equa				192,599,		16	209,928,217.
Accounts payable and accrued expenses				5,685,	082.	17	5,082,904.
Grants payable						18	
Deferred revenue				10,695,	756.	19	10,167,663.
Tax-exempt bond liabilities						20	
Escrow or custodial account liability. Complete P				4,145,	862.	21	3,938,469.
Loans and other payables to current and former	office	rs, directors, tr	ustees,				
key employees, highest compensated employees	s, and	disqualified p	ersons.				
Complete Part II of Schedule L						22	
Secured mortgages and notes payable to unrelat	ted thi	ird parties		29,160,	025.	23	30,045,956.
Unsecured notes and loans payable to unrelated	l third	parties				24	
Other liabilities (including federal income tax, pay	ables	to related third	b				
parties, and other liabilities not included on lines	17-24). Complete Pa	art X of				
Schedule D				32,667,	698.	25	35,355,975.
Total liabilities. Add lines 17 through 25				82,354,	423.	26	84,590,967.
Organizations that follow SFAS 117 (ASC 958)	, chec	sk here 🕨 💄	and				
complete lines 27 through 29, and lines 33 and	d 34.						
Unrestricted net assets						27	
Temporarily restricted net assets						28	
Permanently restricted net assets						29	
Organizations that do not follow SFAS 117 (AS	SC 958	B), check here					
and complete lines 30 through 34.							
Capital stock or trust principal, or current funds					0.	30	0.
Paid-in or capital surplus, or land, building, or equ	uipme	nt fund			0.	31	0.
Retained earnings, endowment, accumulated inc	come,	or other funds		110,244,	843.	32	125,337,250.
Total net assets or fund balances	110,244,		33	125,337,250.			
Total liabilities and net assets/fund balances				192,599,	266.	34	209,928,217.
							Form 990 (2018)

CAL POLY CORPORATION Form 990 (2018)

Prepaid expenses and deferred charges

10a Land, buildings, and equipment: cost or other

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Part II of Schedule L Loans and other receivables from other disgualified persons (as defined under

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary

employees' beneficiary organizations (see instr). Complete Part II of Sch L

Notes and loans receivable, net

Inventories for sale or use

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete End of year

42,952,565.

17,551,066.

2,161,605.

1,071,155.

475,355.

47,794.

1

2

3

4

5

6

7

8

9

(A)

Beginning of year

34,753,987.

14,479,213.

12,424,493.

1,033,746.

569,240.

50,961

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Part X Balance Sheet

1

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9

b

11

12 13 14

15

16

17 18

19 20

21 22

23 24 25

26

27 28 29

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31

32

33

34

_iabilities

Net Assets or Fund Balances

Assets

Form	1 990 (2018) CAL POLY CORPORATION	95	-1648	3180	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,83		
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,72		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,11		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0,24		
5	Net unrealized gains (losses) on investments	5		2,09	1,2	16.
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 in Schedule O)	9		-10	8,8	74.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	12	5,33	7,2	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	З,			
	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	e audit	t,			
	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 in Sch	edule (Э.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	
				_	000	

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047					
1	2018					
	Open to Public Inspection					
Employer identification number						

Hun		CAL	POLY CORPO	RATION					5-1648180	
Pa	rt I	Reason for Public (omplete th	is part.) Se	ee instruction			
The	oraan	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)				
1	Ľ	A church, convention of ch								
2		A school described in secti								
3		A hospital or a cooperative		-			ii).			
4		A medical research organiz					-)(iii). Enter	the hospital's name.	
		city, and state:		,				~ /	,	
5	X	An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted bv a d	overnmental	unit describ	bed in	
-		section 170(b)(1)(A)(iv). (C		5 ,		, ,				
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	\square	An organization that norma	-					the general	public described in	
•		section 170(b)(1)(A)(vi). (C	•		ionia gov	orrinorita		and general		
8		A community trust describe	-	(1)(A)(vi) (Complete Par	+ II)					
9	\square	An agricultural research org				ed in conii	inction with a	land-grant	college	
5		or university or a non-land-g	-			-		-	-	
		university:	grant concept of agric			name, or	y, and state o	i the colleg		
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons member	shin faas a	nd gross receipts from	
10		activities related to its exen	•		-				•	
		income and unrelated busir							•	
		See section 509(a)(2). (Cor				sses acqu		ryanization		
11		An organization organized a		ively to test for public sa	foty Soo	saction 5(10 (a)(4)			
12	H	An organization organized a			•			arry out the	purposes of one or	
12		more publicly supported or		-	-			•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga				-		-	aivina	
a	L	the supported organization		-	•					
		organization. You must c		• • • • •	a majonty (apporting	
b		Type II. A supporting org	-		tion with it	te sunnort	ed organizati	on(e) by ba	vina	
D.	L	control or management o	-				-		-	
		organization(s). You mus			arrie perso			age the sup	ported	
с		Type III functionally inte			in connec	tion with	and functions	ally integrate	ed with	
Ŭ		its supported organization						iny integration		
d		Type III non-functionally						nted organi	zation(s)	
u	L	that is not functionally int						-		
		requirement (see instruct	0 0	e ,	•		•	u an attent	TVCH033	
е		Check this box if the orga		•						
Ũ		functionally integrated, or					, iypo i, iypo	, n, rype m		
f	Ente	er the number of supported of			0 0					
a		vide the following information	•							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)	
Tota	ul									
LHA	For F	Paperwork Reduction Act N	lotice, see the Inst	ructions for Form 990 o	r 990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018	

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	17633464.	7401976.	8942244.	8436341.	12687659.	55101684.
2	Tax revenues levied for the organ-						
	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	623,416.	685,174.	497,761.	387,374.	817,254.	3010979.
4	Total. Add lines 1 through 3	18256880.	8087150.	9440005.	8823715.	13504913.	58112663.
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)						13884652.
6	Public support. Subtract line 5 from line 4.						44228011.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		18256880.	8087150.	9440005.	8823715.	13504913.	58112663.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2487897.	2307241.	1642571.	2139884.	3045953.	11623546.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		24,372.				24,372.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						69760581.
12		etc. (see instruction	ons)			12 398	,094,275.
13	First five years. If the Form 990 is for		,			n 501(c)(3)	
	organization, check this box and stor	bhere			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	63.40 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	60.24 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual						
17a	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 organiza	tion qualifies as a	publicly supported	d organization	-	
b	10% -facts-and-circumstances tes	-	-	• • • •	•		
	more, and if the organization meets tl	-					
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						ns 🕨 🗖
	<u> </u>		,	. , ,			or 000 E7) 2019

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(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	3 (f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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.)						
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) or	rganization,
See	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2018 (line 8, column (f), o	divided by line 13,	, column (f))		15	%
16	Public support percentage from 2017	Schedule A, Part	t III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)18 (line 10c, colu	mn (f), divided by	line 13, column (f)))	17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2017. If the	organization did ı	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	eck this box and s f	top here. The orga	anization qualifies	as a publicly supp	orted organiza	ation ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check			
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				17			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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.)

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-			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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	_		
0	supported organizations played in this regard.	3		
	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 yea(see instructions)	•		
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	truction		
c 2	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside the second	ructions	y. Yes	No
2 a	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NU
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsive in res, then in part vindentity 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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	24		
D.	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 (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	54		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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_ ,_ 0_	19		- ,	

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

term capital gain			
	1		
s of prior-year distributions	2		
ss income (see instructions)	3		
1 through 3	4		
ion and depletion	5		
operating expenses paid or incurred for production or			
of gross income or for management, conservation, or			
nce of property held for production of income (see instructions)	6		
enses (see instructions)	7		
Net Income (subtract lines 5, 6, and 7 from line 4)	8		
imum Asset Amount		(A) Prior Year	(B) Current Year (optional)
e fair market value of all non-exempt-use assets (see			
ns for short tax year or assets held for part of year):			
nonthly value of securities	1a		
nonthly cash balances	1b		
et value of other non-exempt-use assets	1c		
l lines 1a, 1b, and 1c)	1d		
claimed for blockage or other			
kplain in detail in Part VI):			
n indebtedness applicable to non-exempt-use assets	2		
ine 2 from line 1d	3		
med held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
ctions)	4		
of non-exempt-use assets (subtract line 4 from line 3)	5		
ne 5 by .035	6		
s of prior-year distributions	7		
Asset Amount (add line 7 to line 6)	8		
tributable Amount			Current Year
net income for prior year (from Section A, line 8, Column A)	1		
o of line 1	2		
asset amount for prior year (from Section B, line 8, Column A)	3		
ater of line 2 or line 3	4		
x imposed in prior year	5		
able Amount. Subtract line 5 from line 4, unless subject to			
y temporary reduction (see instructions)	6		
	1 through 3 on and depletion operating expenses paid or incurred for production or of gross income or for management, conservation, or nee of property held for production of income (see instructions) enses (see instructions) Net Income (subtract lines 5, 6, and 7 from line 4) imum Asset Amount effair market value of all non-exempt-use assets (see as for short tax year or assets held for part of year): nonthly value of securities nonthly cash balances et value of other non-exempt-use assets et value of other non-exempt-use assets in e 2 from line 1d med held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ctions) of non-exempt-use assets (subtract line 4 from line 3) ne 5 by .035 s of prior-year distributions Asset Amount (add line 7 to line 6) tributable Amount net income for prior year (from Section A, line 8, Column A) of line 1 asset amount for prior year (from Section B, line 8, Column A) of line 1 asset amount for prior year (from Section B, line 8, Column A) ter of line 2 or line 3 x imposed in prior year able Amount . Subtract line 5 from line 4, unless subject to y temporary reduction (see instructions)	1 through 3 4 on and depletion 5 operating expenses paid or incurred for production or of gross income or for management, conservation, or nee of property held for production of income (see instructions) 6 enses (see instructions) 7 Net Income (subtract lines 5, 6, and 7 from line 4) 8 simum Asset Amount 7 Pair market value of all non-exempt-use assets (see ns for short tax year or assets held for part of year): nonthly value of securities 1a nonthly cash balances 1b et value of other non-exempt-use assets 1c 1 lines 1a, 1b, and 1c) 1d claimed for blockage or other explain in detail in Part VI): n indebtedness applicable to non-exempt-use assets 2 ine 2 from line 1d 3 med held for exempt-use assets (subtract line 4 from line 3) 5 is of prior-year distributions 7 Asset Amount 7 het income for prior year (from Section A, line 8, Column A) 1 or of line 2 or line 3 4 x imposed in prior year 5 asset amount for prior year 5 ter of line 2 or line 3 4	and depletion 4 on and depletion 5 operating expenses paid or incurred for production or 6 of gross income or for management, conservation, or 6 ice of property held for production of income (see instructions) 6 enses (see instructions) 7 Net Income (subtract lines 5, 6, and 7 from line 4) 8 imum Asset Amount (A) Prior Year e fair market value of all non-exempt-use assets (see 1a is for short tax year or assets held for part of year): 1a nonthly cash balances 1b it value of other non-exempt-use assets 1c I lines 1a, 1b, and 1c) 1d claimed for blockage or other 1d claimed for blockage or other 3 med held for exempt use. Enter 1-1/2% of line 3 (for greater amount, ctions) 4 of non-exempt-use assets (subtract line 4 from line 3) 5 is 5 prior-year distributions 7 Asset Amount (add line 7 to line 6) 8 tributable Amount 2 net income for prior year (from Section A, line 8, Column A) 1 of ine 1 2 asset amount for priory year (from

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u>_</u>
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Part line 1 Sect	plemental Informa V, Section A, lines 1, 2, ; Part IV, Section D, line on D, lines 5, 6, and 8; instructions.)	, 3b, 3c, 4b, 4c, 5a, 6 es 2 and 3; Part IV, S	6, 9a, 9b, 9c, 1 ⁻ Section E, lines	1a, 11b, a 1c, 2a, 2t	nd 11c; F 5, 3a, and	art IV, Sectio 3b; Part V, li	on B, lines 1 and ne 1; Part V, Se	l 2; Part IV, Se ction B, line 1	12; ection C, e; Part V,
32028 10-11-18				22			Schedule A (Form 990 or	990-EZ) 2
00701 750	668 004394	201	8.06000	CAL	POLY	CORPOR	ATION	00)4394_

Schedule B

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

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

9	5	_	1	6	4	8	1	8	0	
~	-		÷.	v	-	v	-	v	v	

דגי	DOTV	CORPORATION
лп	POLI	CORPORATION

0	
Filers of:	Section:
Form 990 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 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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 or 990-EZ), 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

CAL POLY CORPORATION

Name of organization

Employer identification number

95-1648180

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 4,037,427. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 3,705,239. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 751,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 547,947. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 504,131. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 503,697. Noncash X \$ (Complete Part II for noncash contributions.) 823452 11-08-18 Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

24 2018.06000 CAL POLY CORPORATION

CAL POLY CORPORATION

Name of organization

Employer identification number

(d)

Type of contribution

X

95-1648180

Person Payroll

Noncash

Person Payroll Noncash

Person Payroll Noncash

Person Payroll Noncash

Person Payroll Payroll Poncash (Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d) Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 7 488,333. \$ (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 \$ (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** \$ (c) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 \$ (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No.

Person Payroll On Complete Part II for noncash contributions.)

(d)

Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

25

823452 11-08-18

2018.06000 CAL POLY CORPORATION

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Name of organization

Employer identification number

95-1648180

CAL POLY CORPORATION

11400701 756668 004394

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
	LICLY TRADED SECURITIES		
		\$\$	06/30/19
(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
		 \$	

Page 4

	DLY CORPORATION		U		95-1648180
art III	from any one contributor. Complete columns (a) th	rough (e) and the following lin	eentry Ford	vraanizations	
	completing Part III, enter the total of exclusively religious, cha	ritable, etc., contributions of \$1,00	0 or less for t	he year. (Enter this info. onc	.e.) ► \$
a) No.	Use duplicate copies of Part III if additional sp	ace is needed.			
rom	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Part I					
Γ		(e) Transfer o	f gift		
Ļ	Transferee's name, address, and	ZIP + 4	R	elationship of tra	nsferor to transferee
a) No.					
rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
-					
		(e) Transfer o	fgift		
	Transferraio nome address and		Р	alationahin of tra	notovou to tronoforoo
ŀ	Transferee's name, address, and		<u> </u>	elationship of tra	nsferor to transferee
		[
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
Part I	((-,		(-7	
F		(e) Transfer o	f gift		
	Transferee's name, address, and	ZIP + 4	R	elationship of tra	nsferor to transferee
a) No. rom		I			
rom Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
F		(-) =	f: f t		
		(e) Transfer o	giπ		
	Transferee's name, address, and	7IP + 4	D	elationshin of tra	nsferor to transferee
F			<u> </u>		
1					

SCHEDULE I)
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Department of the Treasury Internal Revenue Service

(Form 9	90)
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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.



Name of the	organization
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Employer	identi	fication	number
<u>^</u>	F 1	C 1 0 1 1	~ ~

. tanı	CAL POLY CORPORATI	ON	95-1648180
Pa			
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ised funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor of		
	in a substantia di la substanta la sus dito		
Pa			
1	Purpose(s) of conservation easements held by the organizat	-	,
-	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year 🕨		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	·
	violations, and enforcement of the conservation easements i	it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
Da	t III Organizations Maintaining Collections o	of Art. Historical Tragguras, or (Othor Similar Assots
Fa	Complete if the organization answered "Yes" on Form		Stilei Sililliai Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		ment and balance about works of art
Ia	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		
h	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art historica
D	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or research in furtherance of p	ublic service, provide the following amount
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
2	the following amounts required to be reported under SFAS 1		ar gain, provide
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 201

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832051 10-29-18

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2018.06000	CAL	POLY	CORPORATION

		Y CORPORAT						0 Page 2
Par	t III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that a	are a signif	icant use of	its collectic	on items
	(check all that apply):							
а	X Public exhibition	c		kchange program				
b	Scholarly research	e	• 🛄 Other					
С	X Preservation for future generations							
4	Provide a description of the organization's of						Part XIII.	
5	During the year, did the organization solicit					1		
	to be sold to raise funds rather than to be m						Yes	X No
Par	t IV Escrow and Custodial Arrar		ete if the organizat	ion answered "Y	'es" on For	m 990, Part	IV, line 9, o	r
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custoo					1		v
	on Form 990, Part X?					I	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	I and complete the fo	ollowing table:		г			
					H	_	Amoun	it
	Beginning balance							
	Additions during the year					1d		
e	Distributions during the year					1e		
20	Ending balance Did the organization include an amount on F					1f	X Yes	No
	If "Yes," explain the arrangement in Part XIII				-	l	111 165	
Par								
		(a) Current year	(b) Prior year	(c) Two years		hree vears ba	ck (e) Fou	r vears back
1a	Beginning of year balance					nioo youro bu		r youro buok
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
-	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu		ce (line 1g, column	(a)) held as:	I		I	
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
с	Temporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are held	and administere	ed for the o	rganization		
	by:							Yes No
	(i) unrelated organizations						3a(i)	
b	If "Yes" on line 3a(ii), are the related organiz			<u>،</u>			3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Par	t VI Land, Buildings, and Equip							
	Complete if the organization answere							
	Description of property	(a) Cost or o		st or other	(c) Accur		(d) Boo	k value
		basis (investr	,	s (other)	deprec	Iation	10 77	2 125
	Land			92,425.	6 601	510		2,425.
	Buildings			92,155. 25,271.		L,512.		0,643. 5,601.
	Leasehold improvements			<u>25,271.</u> 53,116.		9,670. 5,961.		$\frac{5,601}{7,155}$
	Equipment			01,963.		9,912.		$\frac{7,155}{2,051}$
	Other				1,243	► ¹		$\frac{2}{7},875$.
Tota	Aud lines 1a through 1e. (Column (d) must e	equal Form 990, Part	л, column (в), line	; 10C.)		P		<u>, 0 / J •</u>

Schedule D (Form 990) 2018

832052 10-29-18

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely-held equity interests									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)									
Dort VIII Investore ante Due avere Delated									

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACTUARIAL ANNUITY LIABILITIES	914,300.
(3)	POSTEMPLOYMENT BENEFIT OBLIGATIONS	2,990,715.
(4)	PENSION LIABILITY	20,415,956.
(5)	GASB OPEB & PENSION LIABILITY	
(6)	ADJUSTMENT	164,728.
(7)	LIFE-INTEREST IN REAL ESTATE	11,112,600.
(8)	UNAMORTIZED LOSS ON REFUNDING	-242,324.
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	35,355,975.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832053 10-29-18

Sche	edule D (Form 990) 2018 CAL POLY CORPORATION			95-	1648180	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per F	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	105,263	,681.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	. 2b	919,332.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	. 2d	-108,874.			
е	Add lines 2a through 2d			2e	2,901	
3	Subtract line 2e from line 1			3	102,362	<u>,007.</u>
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				
b	Other (Describe in Part XIII.)	. 4 b	-12,529,434.			
с	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	89,832	,573.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		Vith Expenses per		urn.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		Retu		
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	a.			urn. 90,171	,274.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.		Retu		,274.
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a		Retu		,274.
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2a		Retu		,274.
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b 2c	919,332.	Retu		,274.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	919,332. 12,529,434.	Retu	90,171	
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	919,332. 12,529,434.	Retu	90,171	,766.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	919,332. 12,529,434.	Retu	90,171	,766.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d	919,332. 12,529,434.	Retu	90,171	,766.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d	919,332. 12,529,434.	Retu	90,171	,766.
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d	919,332. 12,529,434.	Retu	90,171	<u>,766.</u>
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 2d	919,332. 12,529,434.	1 2e 3 4c	90,171 13,448 76,722	<u>,766.</u> ,508.
1 2 d c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d	919,332. 12,529,434.	1 2e 3	90,171	<u>,766.</u> ,508.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE CORPORATION MAINTAINS AN ART COLLECTION ACQUIRED BY DONATION WHICH HAS
NOT BEEN RECORDED IN THE FINANCIAL STATEMENTS, AS THE COLLECTION IS HELD
FOR PUBLIC EXHIBITION OR EDUCATION; THE COLLECTION IS PROTECTED, KEPT
UNENCUMBERED, CARED FOR, AND PRESERVED. THE VALUE OF THE COLLECTION WAS
ESTIMATED AT \$1,400,000 AT JUNE 30, 2019.
PART III, LINE 4:
THE CORPORATION MAINTAINS THE AL SMITH ESTATE, LOCATED IN DAVENPORT, CA,
WHICH ODERATES THE SWANTON PACIFIC RATIROAD A HISTORIC MILE-LONG RATIROAD

WHICH OPERATES THE SWANTON PACIFIC RAILROAD, A HISTORIC MILE-LONG RAILROAD

WITH FOUR STEAM LOCOMOTIVES AND ONE PASSENGER CAR. THE HISTORIC RAILROAD

OPERATIONS IS PRESERVED BY THE CORPORATION FOR THE PUBLIC, FOR FUTURE 832054 10-29-18 Schedule D (Form 990) 2018 31

11400701 756668 004394

Part XIII Supplemental Information (continued)

GENERATIONS AND EDUCATIONAL OPPORTUNITIES FOR STUDENTS.

PART IV, LINE 2B:

THE CORPORATION HOLDS 8 ENDOWMENTS FOR OTHERS AS WELL AS FUNDS HELD ON DEPOSIT RELATED TO ONE CONDO HELD FOR THE BENEFIT OF THE ORFALEA COLLEGE OF BUSINESS. THESE ENDOWMENTS ARE MANAGED BY THE CORPORATION TO BE INVESTED LONG-TERM AND THE RELATED INCOME EITHER EXPENDED FOR SUPPORT OF UNIVERSITY PROGRAMS, INCLUDING THE ALUMNI ASSOCIATION AND ASI, OR RELATED EXTERNAL ORGANIZATIONS. ADDITIONS TO ENDOWMENTS HELD FOR OTHERS (PRINCIPALLY THE RETURN ON INVESTMENT OF FUND ASSETS) ARE RECORDED AS LIABILITIES AS OPPOSED TO REVENUES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS

-108,874.

-11,672,421.

-12,529,434.

11,672,421.

12,529,434.

190,941.

666,072.

-190,941.

-666,072.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD LINE 10B

FUNDRAISING EXPENSES LINE 8B

RENTAL EXPENSES LINE 6B

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD LINE 10B

FUNDRAISING EXPENSES LINE 8B

RENTAL EXPENSES LINE 6B

TOTAL TO SCHEDULE D, PART XII, LINE 2D

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fune	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								2018
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr				ion.		Inspection
Name of the organization		Y CORPORATION					Employer ide	ntification number
	complete this par	Complete if the organization answe	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
1 Indicate whether th a A Mail solicitat	e organization rais tions email solicitations tations	sed funds through any of the followin $\mathbf{e} \square$ Solicitat	tion of tion of	non-g gover	overnment grants nment grants	-		
2 a Did the organization key employees list	on have a written c ed in Form 990, P) highest paid indiv	or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization.	rofess	ional f	undraising services?	2	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				<u> </u>
		on is registered or licensed to solicit		b ution:	s or has been notified	d it is	exempt from r	egistration
HA For Paparwork P	eduction Act Not	ice, see the Instructions for Form	000 or	000.1	E7 (Scho	dule C /Earm C	990 or 990-EZ) 2018
			550 01	550-	i	Jone		

832081 10-03-18

95-1648180 Page 2

 Part II
 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

 (a) Event #1
 (b) Event #2
 (c) Other events

 HVAC GOLF
 WINEMAKER'S
 (d) Total events

 TOURNAMENT
 DINNER
 7

			TOURNAMENT	DINNER	7	
Ø			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	141,850.	90,873.	210,873.	443,596.
	2	Less: Contributions	115,000.	43,509.	45,130.	203,639.
	3	Gross income (line 1 minus line 2)	26,850.	47,364.	165,743.	239,957.
	4	Cash prizes	1,400.	0.	0.	1,400.
(0	5	Noncash prizes	2,155.	0.	11,440.	13,595.
pense	6	Rent/facility costs	2,750.	2,500.	21,910.	27,160.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	82,681.	16,267.	49,838.	148,786.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)	•		190,941.
	11	Net income summary. Subtract line 10 from li				49,016.
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	í			
anr			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						
Å	1	Gross revenue				
	-					
ş	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states? _____ Ves ____ b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes **b** If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

No

_ No

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2018 CAL POLY CORPORATION	95-10	5 <u>4</u> 8	<u>180</u>	Page 3					
	Does the organization conduct gaming activities with nonmembers?			Yes	No					
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed									
	to administer charitable gaming?			Yes	🗌 No					
13	Indicate the percentage of gaming activity conducted in:									
	The organization's facility		13a		%					
	An outside facility		13b		%					
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	····· L		1	, -					
••										
	Name									
	Name									
	Address									
15-	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No No					
154	boes the organization have a contract with a third party north whom the organization receives gaming revenue?			103						
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	unt								
U		1111								
_	of gaming revenue retained by the third party ►\$									
С	If "Yes," enter name and address of the third party:									
	Nama									
	Name									
	Address									
40										
16	Gaming manager information:									
	Gaming manager compensation 🕨 \$									
	Description of services provided									
	Director/officer									
	Mandatory distributions:									
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to									
	retain the state gaming license?			Yes	└── No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the								
-	organization's own exempt activities during the tax year > \$									
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Parl	t III, lir	nes 9,	9b, 10b,					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.									
83208	I3 10-03-18 Schedule	G (Form	990 d	or 990	-EZ) 2018					
	35									
					~ ~ ~ ~					

		Schedule G (Form 99) or 990-E

SCHEDULE I	C	Grants and Oth	ner Assistan	ce to Orgar	nizations,		OMB No. 1545-0047
(Form 990)	vernments, ar	nd Individual	2018				
Department of the Treasury Internal Revenue Service	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.						Open to Public Inspection
Name of the organization CAL POLY	CORPORATI	ON					Employer identification number 95-1648180
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t criteria used to award the grants or assis	stance?	-					
2 Describe in Part IV the organization's pro							
	. –				anization answered "	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than S 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA POLYTECHNIC STATE UNIVERSITY - ONE GRAND AVE SAN LUIS OBISPO, CA 93407	94-6001347	115	503,393.	0.			STUDENT GRANTS AND SCHOLARSHIPS AWARDED AND MONITORED BY THE UNIVERSITY
CALIFORNIA POLYTECHNIC STATE UNIVERSITY - ONE GRAND AVE SAN						SPONSORED PROGRAMS ASSETS	
LUIS OBISPO, CA 93407 CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION - ONE GRAND AVE HERON HALL - SAN LUIS OBISPO, CA 93407	94-6001347 20-4927897	115 501(C)(3)	5,275,939. 462,066.	237,893.	воок	TRANSFERRED TO	SUPPORT OF THE UNIVERSITY
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	331,991.	0.			SUBAWARD UNDER SPONSORED PROGRAMS GRANT
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAN JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501(C)(3)	5,136.	0.			SUBAWARD UNDER SPONSORED PROGRAMS GRANT
NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618		115	11,948.	0.			SUBAWARD UNDER SPONSORED PROGRAMS GRANT
2 Enter total number of section 501(c)(3) a			he line 1 table				<u>20.</u>
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice.							Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) CAL POLY CORPORATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY, CHICO 400 W. FIRST STREET							SUBAWARD UNDER SPONSORED
CHICO, CA 95929	68-0386518	115	270,453.	0.			PROGRAMS GRANT
· · · · ·							
SANTA MARIA JOINT UNION HIGH							
SCHOOL DISTRICT - 2560 SKYWAY							SUBAWARD UNDER SPONSORED
DRIVE - SANTA MARIA, CA 93455	52-1703494	115	26,000.	0.			PROGRAMS GRANT
WESTFIELD STATE COLLEGE							
577 WESTERN AVENUE							SUBAWARD UNDER SPONSORED
WESTFIELD, MA 01086	04-3062617	115	58,105.	0.			PROGRAMS GRANT
			,				
COLUMBIA UNIVERSITY MEDICAL CENTER							
630 WEST 168TH STREET, PH8							SUBAWARD UNDER SPONSORED
NEW YORK, NY 10032	13-5598093	501(C)(3)	54,403.	0.			PROGRAMS GRANT
AMERICAN INSTITUTES FOR RESEARCH							
1000 THOMAS JEFFERSON ST		F01(a)(2)	100 550	0			SUBAWARD UNDER SPONSORED
WASHINGTON, DC 20007	25-0965219	501(C)(3)	190,552.	0.			PROGRAMS GRANT
COLLINS EDUCATIONAL FOUNDATION							
67 VENDOLA DRIVE							SUBAWARD UNDER SPONSORED
SAN RAFAEL, CA 90903	27-3683686	501(C)(3)	9,271.	0.			PROGRAMS GRANT
EDUCOPIA							
1230 PEACHTREE STREET, STE 1900							SUBAWARD UNDER SPONSORED
ATLANTA, GA 30303	20-5648360		47,680.	0.			PROGRAMS GRANT
LUGIA NAD INITETED GOUGOI DIGERIGE							
LUCIA MAR UNIFIED SCHOOL DISTRICT 602 ORCHARD DRIVE							SUBAWARD UNDER SPONSORED
ARROYO GRANDE, CA 93402-4099	71-0929358	115	87,137.	0.			PROGRAMS GRANT
	,1 0525550	* ± °	57,157.	0.			
COUNCIL ON UNDERGRADUATE RESEARCH							
734 15TH STREET STE. 850							SUBAWARD UNDER SPONSORED
WASHINGTON , DC 20005	41-1398118	501(C)(3)	7,356.	0.			PROGRAMS GRANT

Schedule I (Form 990)

CAL POLY CORPORATION

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Schedule I (Form 990) CAL POLY Part II Continuation of Grants and Other			nizations in the U	nited Ctates (Cab			95-1648180 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD RM 2 EAST LANSING, MI 48824	38-6005984	115	22,506.	0.			SUBAWARD UNDER SPONSORE PROGRAMS GRANT
NEW YORK UNIVERSITY 70 WASHINGTON SQUARE SOUTH NEW YORK, NY 10012	13-5562308		161,187.	0.			SUBAWARD UNDER SPONSORE PROGRAMS GRANT
REGENTS OF THE UNIVERSITY OF MICHIGAN – 3003 SOUTH STATE ST – ANN ARBOR, MI 48109	38-6006309	115	40,044.	0.			SUBAWARD UNDER SPONSORE PROGRAMS GRANT
SAN LUIS COASTAL USD 1500 LIZZIE ST SAN LUIS OBISPO, CA 93401	48-1295680	115	26,645.	0.			SUBAWARD UNDER SPONSORE PROGRAMS GRANT
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 28395 NETWORK PLACE - CHICAGO, IL 60673	37-6000511	115	29,240.	0.			SUBAWARD UNDER SPONSORE PROGRAMS GRANT
CHICO STATE ENTERPRISES 25 MAIN ST CHICO, CA 95928	68-0386518	501(C)(3)	37,507.	0.			SUBAWARD UNDER SPONSORE PROGRAMS GRANT
UNIVERSITY OF NORTH CAROLINA, GREENSBURG – 1111 SPRING GARDEN ST, SUITE 2601 RM 2702, MHRA BLDG – GREENSBORO, NC 27412	56-6001468	115	7,562.	0.			SUBAWARD UNDER SPONSORE PROGRAMS GRANT
YALE UNIVERSITY 105 WALL ST NEW HAVEN, CT 06511	06-0646973	501(C)(3)	13,357.	0.			SUBAWARD UNDER SPONSORE PROGRAMS GRANT

Schedule I (Form 990)

Schedule I (Form 990) (2018) CAL POLY CORPORATION

95-1648180

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 recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANT FOR WORK ON COMPUTATIONAL NARRATIVES AS THE					
ENGINE OF COLLABORATIVE DATA SCIENCE	1	74,700.	0.		

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:

PAYMENTS TO CALIFORNIA POLYTECHNIC STATE UNIVERSITY ASSOCIATED WITH GRANTS

AND SCHOLARSHIPS ARE MADE DIRECTLY TO THE UNIVERSITY, OR AT THE DIRECTION

OF THE UNIVERSITY. THE UNIVERSITY DETERMINES THE EVALUATION AND

QUALIFICATION PROCESS IN AWARDING FUNDS TO INDIVIDUALS.

PAYMENTS TO OTHER ORGANIZATIONS ARE RELATED TO GRANT SUBAWARDS UNDER

SPONSORED PROGRAMS. SPONSORED PROGRAMS REVIEWS EXPENDITURE REQUESTS FOR

ALLOWABILITY, ALLOCABILITY AND REASONABLENESS IN ACCORDANCE WITH THE

Part IV Supplemental Information

SPONSORED PROJECT'S PURPOSE PRIOR TO EXPENSE APPROVAL.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT:

CALIFORNIA POLYTECHNIC STATE UNIVERSITY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: SPONSORED PROGRAMS ASSETS

TRANSFERRED TO STATE FOR PROJECTS THAT HAVE CLOSED

Schedule I (Form 990)

832291 04-01-18

sc	HEDULE J	Compensation Information	1	OMB No.	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	10	2
•	-	Compensated Employees		20	10)
Dono	rtment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio		Employer i			mber
		CAL POLY CORPORATION	95-1	64818	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnifie	cation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	Form 990 of o	ther organizations	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					v
a		e payment or change-of-control payment?				X X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?		4c		
	If "Yes" to any of III	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only postion E01	(2) E01(c)(4) and E01(c)(20) argumizations must complete lines 5.0				
E		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	00			
5	contingent on the r					
•	•			5a		x
a h	Any related organiz	ation?		5a 5b		X
U		pr 5b, describe in Part III.		50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
0	contingent on the r		0.1			
я	0			6a		x
b	Any related organiz	ation?		6b		X
~		pr 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
•		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to		·····		
2		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in		···· •		
-		1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2018

95-1648180

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) CYNTHIA VILLA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	287,034.	0.	0.	82,348.	9,613.	378,995.	0.
(2) NICK PETTIT	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR	(ii)	152,310.	0.	0.	43,921.	23,591.	219,822.	0.
(3) ANDREW THULIN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	239,110.	0.	0.	68,948.	23,592.	331,650.	0.
(4) PHIL BARLOW	(i)	1,500.	0.	0.	0.	0.	1,500.	0.
DIRECTOR	(ii)	136,163.	0.	0.	30,742.	22,917.	189,822.	0.
(5) KEITH HUMPHREY	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	241,540.	0.	0.	69,649.	23,592.	334,781.	0.
(6) CYRUS RAMEZANI	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii) [165,647.	0.	0.	45,616.	23,482.	234,745.	0.
(7) DEAN WENDT	(i)	29,450.	0.	0.	0.	0.	29,450.	0.
DIRECTOR	(ii)	227,217.	0.	0.	65,519.	23,592.	316,328.	0.
(8) LORLIE LEETHAM	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	197,596.	0.	0.	56,978.	17,938.		0.
(9) DAN BANFIELD	(i)	143,507.	0.	0.	10,569.	21,206.	175,282.	0.
SR. DIRECTOR, BUSINESS & FINANCE	(ii) [15,780.	0.	0.	0.	0.	15,780.	0.
(10) KACEY CHUN	(i)	112,684.	0.	0.	7,784.	626.	121,094.	0.
DIRECTOR, HUMAN RESOURCES	(ii) [34,830.	0.	0.	8,769.	5,764.	49,363.	0.
(11) MIKE THORNTON	(i)	132,473.	0.	0.	10,880.	8,044.	151,397.	0.
DIRECTOR, BUSINESS & CONCEPT DEVELOP	(ii) [0.	0.	0.	0.	0.	0.	0.
(12) JAMES DUNNING	(i)	131,446.	0.	0.	11,839.	24,797.	168,082.	0.
DIRECTOR ECON DEV & TECH TRANS	(ii) [0.	0.	0.	0.	0.	0.	0.
(13) EUMI SPRAGUE	(i)	117,664.	0.	0.	10,394.	22,904.	150,962.	0.
DIRECTOR, IT	(ii) [0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number 95 - 1648180

Department of the Treasury	
Internal Revenue Service	

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

Open to Public Inspection

18

Name of the	organization
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CAL	POLY	CORPORATION

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Pa	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	(o Method of o noncash contril	determin	•	s
1	Art - Works of art			ronnood, rait vin, ino rg				
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	19	1,028,007.	FAIR MARKE	T VA	LUE	
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 \blacktriangleright (OTHER ASSETS)	Х	61	183,282.	ESTIMATED	FMV		
26	Other (EQUINE ANIMAL)	Х	8	159,164.	ESTIMATED	FMV		
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							77
_	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.						v	
31	Does the organization have a gift acceptance p					31	X	
32a	Does the organization hire or use third parties of contributions?		-			32a	x	
b	If "Yes," describe in Part II.							

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2018

832141 10-18-18

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE CORPORATION USES CPSU ADVANCEMENT SERVICES FOR THE SOLICITATION AND

PROCESSING OF NONCASH CONTRIBUTIONS, IN ADDITION TO VARIOUS BROKERS FOR

THE SALE OF SECURITIES AND OTHER NONCASH GIFTS.

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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 990-EZ.

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

Employer identification number

95-1648180

OMB No 1545-0047

CAL POLY CORPORATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATIONAL PROGRAM OF THE UNIVERSITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATIONAL CONFERENCES AND WORKSHOPS

EXPENSES \$ 2,524,680. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,042,516.

FORM 990, PART VI, SECTION A, LINE 7A:

THE CPSU PRESIDENT HAS AUTHORITY TO FILL VACANT CORPORATION BOARD POSITIONS AND SERVE WITHOUT ELECTION ON THE BOARD WITH THE SAME RIGHTS AS THE OTHER DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE CPSU PRESIDENT MUST APPROVE AMENDMENTS TO GOVERNING DOCUMENTS, HAS

AUTHORITY TO FILL VACANT CORPORATION BOARD POSITIONS AND MAY SERVE WITHOUT

ELECTION ON THE BOARD WITH THE SAME RIGHTS AS THE OTHER DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE CONTROLLER AND CHIEF EXECUTIVE OFFICER AND

PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

IN ADDITION TO REVIEWING ANNUALLY, THE BOARD MEMBERS DISCLOSE CONFLICTS OF INTEREST DURING THE YEAR AS THEY ARISE. THE BOARD ADDRESSES CONFLICTS OF

INTEREST IMMEDIATELY UPON DISCLOSURE.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

2018.06000 CAL POLY CORPORATION

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization CAL POLY CORPORATION	Employer identification number 95-1648180
FORM 990, PART VI, SECTION B, LINE 15:	
AS REQUIRED BY STATE LAW, THE CORPORATION DETERMINES COMP	ENSATION BASED ON
COMPARABILITY OF STATE EMPLOYEES OF THE UNIVERSITY PERFOR	MING SUBSTANTIALLY
SIMILAR SERVICES. FOR NOT SUBSTANTIALLY SIMILAR SERVICES,	SALARIES MUST BE
AT LEAST EQUAL TO SALARIES PREVAILING IN OTHER EDUCATIONA	L INSTITUTIONS OR
COMMERCIAL OPERATIONS OF LIKE NATURE BASED ON BIANNUAL SA	LARY SURVEYS OF
OTHER COMMERCIAL AND NON-PROFIT ORGANIZATIONS IN THE AREA	OR THE STATE
UNIVERSITY SYSTEMS.	

FORM 990, PART VI, SECTION C, LINE 19:

ALL POLICIES, INCLUDING THE CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AND FORMS 990 FOR THE PAST THREE YEARS ARE AVAILABLE TO THE PUBLIC ON THE CAL POLY CORPORATION WEBSITE AND ARE ALSO AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

-108,874.

832212 10-10-18

SCH	EDULE	R
/		

(Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-1648180

Name of the organization

CAL POLY CORPORATION

Part I

CALL FOLL CONFORMITON

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	
of disregarded entity		foreign country)			entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
CALIFORNIA POLYTECHNIC STATE UNIVERSITY, SAN	CAL POLY CORPORATION IS AN						
LUIS OBISPO - 94-6001347, ONE GRAND AVE, SAN	AUXILIARY ORG UNDER SECT						
LUIS OBISPO, CA 93407	170(B)(1)(A)(IV)	CALIFORNIA	115				X
CALIFORNIA POLYTECHNIC STATE UNIVERSITY							
FOUNDATION - 20-4927897, ONE GRAND AVE HERON							
HALL, SAN LUIS OBISPO, CA 93407	SUPPORT OF CPSU	CALIFORNIA	501(C)(3)	LINE 5			X
CPSU ALUMNI ASSOCIATION SAN LUIS OBISPO -	PROMOTE WELFARE AND FUTURE						
23-7040360, 1 GRAND AVE, ALUMNI HOUSE, SAN	DEVELOPMENT OF THE						
LUIS OBISPO, CA 93407	UNIVERSITY	CALIFORNIA	501(C)(3)	LINE 5			X
ASSOCIATED STUDENTS, INC, CPSU, SAN LUIS	EXTRA-CURRICULAR						1
OBISPO - 95-2308831, 1 GRAND AVE, BLDG 65	ACTIVITIES FOR CAL POLY						
#212, SAN LUIS OBISPO, CA 93407	STUDENTS, FACULTY & STAFF	CALIFORNIA	501(C)(3)	LINE 5			X

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

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	(f) Direct controlling entity	Section S contr organiz	g) 512(b)(13) rolled zation?
, i i i i i i i i i i i i i i i i i i i				501(c)(3))		Yes	No
CENTRAL COAST PERFORMING ARTS CENTER	CPSU JOINT VENTURE						
COMMISSION - 77-0408837, CORPORATION ADMIN	COMMISSION FOR PERFORMING						
BLDG 15, SAN LUIS OBISPO, CA 93407	ARTS	CALIFORNIA	501(C)(3)	LINE 5			x
CAL POLY CORPORATION VEBA TRUST - 46-7470544	PAYING CERTAIN OTHER						
CORPORATION ADMIN BLDG 15	POST-EMPLOYMENT BENEFITS						
SAN LUIS OBISPO, CA 93407	FOR ELIGIBLE RETIREES	CALIFORNIA	501(C)(9)				X
	1						
	1						
	1						
	1						
	1						
	1						
	-						
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	4						

Schedule R (Form 990) 2018 CAL POLY CORPORATION

Schedule R (Form 990) 2018 CAL	FODI CORFOR	NUT ION							30-104	010V	Page 2
Part III Identification of Related Or organizations treated as a part			ership. Complete if	the organization answe	ered "Yes" on For	m 990, Part IV, line	e 34, b	ecaus	e it had one or mo	ore relat	ed
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1 · ·	ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managin partner	^r Percentage ^g ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No)

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	(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	Sec 512(l contr ent	tion b)(13) rolled tity?
		country)				235013		Yes	No
	CHARITABLE GIFT								
SPLIT INTEREST TRUSTS (16)	ANNUITIES	CA							X
	-								
	-								
	-								

Schedule R (Form 990) 2018 CAL POLY CORPORATION

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b	Х	
с	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	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		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
o	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)	1s		Х

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
CALIFORNIA POLYTECHNIC STATE UNIVERSITY,			
(1) SAN LUIS OBISPO	В	6,017,225.	COST
CALIFORNIA POLYTECHNIC STATE UNIVERSITY,			
(2) SAN LUIS OBISPO	М	4,125,368.	COST
CALIFORNIA POLYTECHNIC STATE UNIVERSITY,			
(3) SAN LUIS OBISPO	L	5,622,874.	COST
CALIFORNIA POLYTECHNIC STATE UNIVERSITY,			
(4) SAN LUIS OBISPO	Р	7,230,202.	COST
(5) CAL POLY CORPORATION VEBA TRUST	Q	1,273,223.	СОЅТ
(6) CAL POLY CORPORATION VEBA TRUST	R	345,550.	COST AND FAIR MARKET VALUE
	52		Schodula B (Form 900) 2019

Schedule R (Form 990) 2018 CAL POLY CORPORATION

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)	(b)	(c)	(d)	-	5	(f)	(g)	()	n)	(i)	(j	1	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partners 501(c orgs	all	Share of	Share of		• 7	Code V-UBI	Gene	/ ral.or	(N) Dorcontago
of entity	Findly activity	(state or foreign	(related, unrelated,	partner: 501(c	s sec. ;)(3)	total	end-of-year	Dispr tior	nate	amount in box 20	mana	iging	ownership
orentity		country)		orgs		income		alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownersnip
		country)	Sections 512-514)	Yes	No	liteonie	455015	Yes	No	(FUIII 1003)	Yes	NO	
											\vdash		
					_						┝─┦	_	
					_						┝─┦		
				\square							\square		

Schedule R (Form 990) 2018

CAL POLY CORPORATION

Provide additional information for responses to questions on Schedule R. See instructions.

832165 10-02-18

11400701 756668 004394

Schedule R (Form 990) 2018

	Ex	empt Organization Bu		15,2020 ss Income	Tax Returi	n L	OMB No. 1545-068
		(and proxy tax und	der se	ction 6033(e))			2010
	For calenda	ar year 2018 or other tax year beginning $\boxed{JUL 1}$				<u>19</u> .	2018
epartment of the Treasury nternal Revenue Service	► Do	► Go to www.irs.gov/Form990T for not enter SSN numbers on this form as it ma). ⁰ 5	Den to Public Inspec 01(c)(3) Organizations
Check box if address changed	Na	me of organization (Check box if name	changed	and see instructions.)		DEmploy (Employ instruc	yer identification num oyees' trust, see
Exempt under section		AL POLY CORPORATION					5-164818
\mathbf{X} 501(\mathbf{c})(3)	I —	Imber, street, and room or suite no. If a P.O. be	ov soo in	etructione		E Unrelat	ted business activity
408(e) 220(e)	Type 1	GRAND AVE BLDG 15				(See ins	structions.)
408A 530(a) 529(a)		ty or town, state or province, country, and ZIP AN LUIS OBISPO, CA	or foreigi 9340'			4532	220
Book value of all assets at end of year	F I	Group exemption number (See instructions.) Check organization type				· · · ·	
209,928,2		Check organization type ▶ <u>X</u> 501(c) co 's unrelated trades or businesses. ▶	rporation 2	1 501(c) trust) trust	Other tr
		STATEMENT 1	2		e the only (or first) ur e, complete Parts I-V.		than one
		at the end of the previous sentence, complete F	Parts I an				
business, then complete			unto i un			nur trucio	
, 1		tion a subsidiary in an affiliated group or a par	ent-subsi	idiary controlled group?	?	Yes	s X No
		ng number of the parent corporation.		, , , , , , , , , , , , , , , , , , , ,			
The books are in care of	-				ohone number 🕨 🌔		
		or Business Income	_	(A) Income	(B) Expense	S	(C) Net
1 a Gross receipts or sale		49,214.		40.014			
b Less returns and allow		c Balance►		49,214	•		
		line 7)		32,446	•		16,7
3 Gross profit. Subtract				10,/00	•		10,7
		chedule D)					
		II, line 17) (attach Form 4797)					
		or an S corporation (attach statement)					
6 Rent income (Schedu							
		Schedule E)	-				
		rents from a controlled organization (Schedule F					
		01(c)(7), (9), or (17) organization (Schedule G					
		(Schedule I)					
		· · · · · · · · · · · · · · · · · · ·	11				
	Schedule J)		1 11 1				
2 Other income (See in	Schedule J) structions; a	ttach schedule) STATEMENT 2		249,409	•		249,4
 Other income (See in: Total. Combine lines 	structions; a 3 through 1	Ittach schedule) STATEMENT 2	12 13	266,177	•		
2 Other income (See in: 3 Total. Combine lines Part II Deductio	structions; a 3 3 through 1 Ons Not 1	Ittach schedule) STATEMENT 2 12. Taken Elsewhere (See instructions :	12 13 for limita	266,177 ations on deductions	•		
2 Other income (See in: 3 Total. Combine lines Part II Deductio (Except for each of the second se	structions; a s 3 through 1 ons Not 1 contributio	Ittach schedule) STATEMENT 2 12 Taken Elsewhere (See instructions ns, deductions must be directly connect	12 13 for limitated with	266,177 ations on deductions the unrelated busine	• 3.) ess income.)	14	266,1
2 Other income (See in: 3 Total. Combine lines Part II Deductio (Except for of 4 Compensation of off	structions; a s 3 through 1 ons Not 1 contribution ficers, directo	Ittach schedule) STATEMENT 2 12. Taken Elsewhere (See instructions :	12 13 for limita ed with	266,177 ations on deductions the unrelated busine	• 3.) ass income.)	14 15	266,1
2 Other income (See in: 3 Total. Combine lines Part II Deductio (Except for of 4 Compensation of off 5 Salaries and wages	structions; a s 3 through 1 ons Not 1 contribution ficers, directo	Ittach schedule) STATEMENT 2 12 Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K)	12 13 for limita red with	266 , 177 ations on deductions the unrelated busine	• ;.) sss income.)		266,1
2 Other income (See in: 3 Total. Combine lines Part II Deductio (Except for of 4 Compensation of off 5 Salaries and wages 6 Repairs and mainten 7 Bad debts	structions; a s 3 through 1 ons Not 1 contribution ficers, directon nance	Ittach schedule) STATEMENT 2 12 Taken Elsewhere (See instructions ins, deductions must be directly connect ors, and trustees (Schedule K)	12 13 for limita ed with	266,177 ations on deductions the unrelated busine	• ess income.)	15 16 17	266,1
 Other income (See ins Total. Combine lines Part II Deductio (Except for or Compensation of off Salaries and wages Repairs and mainter Bad debts Interest (attach sche 	structions; a s 3 through 1 pns Not 1 contribution ficers, directer nance edule) (see ir	Ittach schedule) STATEMENT 2 12 Taken Elsewhere (See instructions ins, deductions must be directly connected or s, and trustees (Schedule K) Instructions)	12 13 for limita red with	266,177 ations on deductions the unrelated busine	• s.) ess income.)	15 16 17 18	266,1
 Other income (See ins Total. Combine lines Part II Deductio (Except for of Compensation of off Salaries and wages Repairs and mainter Bad debts Interest (attach sche 	structions; a s 3 through 1 ons Not 1 contribution ficers, directon nance	Ittach schedule) STATEMENT 2 12 Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) Instructions)	12 13 for limita ed with	266,177 ations on deductions the unrelated busine	• .) sss income.)	15 16 17 18	266,1 38,3
 Other income (See ins Total. Combine lines Part II Deductio (Except for of Galaries and wages Repairs and mainter Bad debts Interest (attach sche Taxes and licenses Charitable contributi 	structions; a s 3 through 1 ons Not 1 contribution ficers, directed nance edule) (see in ions (See ins	Ittach schedule) STATEMENT 2 12 Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) Instructions) structions for limitation rules)	12 13 for limita red with	266,177 ations on deductions the unrelated busine	• Solution: Soluti	15 16 17 18	266,1 38,3
 Other income (See ins Total. Combine lines Part II Deductio (Except for of Salaries and wages Repairs and mainter Bad debts Interest (attach sche Taxes and licenses Charitable contributi Depreciation (attach 	structions; a s 3 through 1 ons Not 1 contribution ficers, director hance edule) (see ins form (See ins Form 4562)	Ittach schedule) STATEMENT 2 12 Ittach schedule) Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) Instructions) Instructions for limitation rules))	12 13 for limita ed with	266,177 ations on deductions the unrelated busine	• :.) sss income.) 17 , 902 •	15 16 17 18 19 20	266,1
 Other income (See ins Total. Combine lines Part II Deduction (Except for or detection) Salaries and wages Repairs and mainter Bad debts	structions; a s 3 through 1 ons Not 1 contribution ficers, directer hance edule) (see ins Form 4562) aimed on Sc	Ittach schedule) STATEMENT 2 12 Ittach schedule) Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) Instructions) Instructions for limitation rules)) Chedule A and elsewhere on return	12 13 for limita ed with	266,177 ations on deductions the unrelated busine 21 22a	• :.) sss income.) 17,902.	15 16 17 18 19 20 22b	266,1
 Other income (See ins Total. Combine lines Part II Deduction (Except for or detection) Compensation of off Salaries and wages Repairs and mainter Bad debts	structions; a s 3 through 1 ons Not 1 contribution ficers, directer nance edule) (see ins Form 4562) aimed on Sc	Ittach schedule) STATEMENT 2 12 Ittach schedule) Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) Instructions) Instructions for limitation rules)) thedule A and elsewhere on return	12 13 for limita ed with	266,177 ations on deductions the unrelated busine 21 21 22a	• :.) :ss income.) 17 , 902 •	15 16 17 18 19 20 22b 22b 23	266,1
 Other income (See ins Total. Combine lines Part II Deduction (Except for or detection) Galaries and wages Repairs and mainter Bad debts Interest (attach schere Taxes and licenses Charitable contributi Depreciation class Depletion Contributions to defe 	structions; a s 3 through 1 ons Not 1 contribution ficers, directer hance edule) (see ins Form 4562) aimed on Sc erred compe	Ittach schedule) STATEMENT 2 12 Taken Elsewhere (See instructions ins, deductions must be directly connected or and trustees (Schedule K) Instructions) Instructions for limitation rules) Chedule A and elsewhere on return Instation plans	12 13 for limita ed with	266,177 ations on deductions the unrelated busine 21 21 22a	• :.) :ss income.) 17,902.	15 16 17 18 19 20 22b 23 24	266,1 38,3 2,7 17,9
 Other income (See ins Total. Combine lines Part II Deduction (Except for of Carbon Compensation of off Salaries and wages Repairs and mainter Bad debts Interest (attach scher Taxes and licenses Charitable contributi Depreciation clattica Depletion Contributions to defe Employee benefit pro- 	structions; a s 3 through 1 ons Not 1 contribution ficers, directer hance edule) (see ins Form 4562) aimed on Sc erred comper ograms	Ittach schedule) STATEMENT 2 12 Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) nstructions) structions for limitation rules)) chedule A and elsewhere on return ensation plans	12 13 for limita ed with	266,177 ations on deductions the unrelated busine 21 22a	• :.) :ss income.) 17 , 902 •	15 16 17 18 19 20 22b 22b 23 24 25	266,1 38,3 2,7 17,9
 Other income (See ins Total. Combine lines Part II Deduction (Except for of Salaries and wages Repairs and mainter Bad debts Interest (attach sche Taxes and licenses Charitable contributi Depreciation (attach Less depreciation clatach Depletion Contributions to defision Employee benefit pro Excess exempt expe 	structions; a s 3 through 1 ons Not 1 contribution ficers, director hance adule) (see ins Form 4562) aimed on Sc erred compe ograms enses (Sched	Ittach schedule) STATEMENT 2 12 Ittach schedule) Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) ors, and trustees (Schedule K) instructions) structions for limitation rules)) chedule A and elsewhere on return ensation plans dule I)	12 13 for limita ed with	266,177 ations on deductions the unrelated busine 21 22a	• :.) :ss income.) 17,902.	15 16 17 18 19 20 22b 23 24 25 26	266,1 38,3 2,7 17,9
 Other income (See ins Total. Combine lines Part II Deduction (Except for of Salaries and wages Repairs and mainter Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Depletion Contributions to definition Employee benefit pro- Excess readership contribution 	structions; a s 3 through 1 ons Not 1 contribution ficers, director hance adule) (see ins Form 4562) aimed on Sc erred compe ograms enses (Schedo osts (Schedo	Ittach schedule) STATEMENT 2 12 Ittach schedule) Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) ors, and trustees (Schedule K) instructions) structions for limitation rules)) chedule A and elsewhere on return ensation plans dule I) ule J)	12 13 for limita ed with	266,177 ations on deductions the unrelated busine 21 22a	• :.) :ss income.) 17,902.	15 16 17 18 19 20 23 24 25 26 27	266,1 38,3 2,7 17,9 21,6
 Other income (See ins Total. Combine lines Part II Deduction (Except for or o	structions; a s 3 through 1 ons Not 1 contribution ficers, director hance adule) (see ins Form 4562) aimed on Sc erred comper ograms enses (Sched osts (Schedu ttach schedu	Ittach schedule) STATEMENT 2 12 Ittach schedule) Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) ors, and trustees (Schedule K) instructions) structions for limitation rules)) chedule A and elsewhere on return ensation plans dule I) ule J) ule)	12 13 for limita ed with	266,177 ations on deductions the unrelated busine 21 22a SEE STA'	• .) sss income.) 17,902. TEMENT 3	15 16 17 18 19 20 22b 23 24 25 26	266,1 38,3 2,7 17,9 21,6 190,0
 Other income (See ins Total. Combine lines Part II Deduction (Except for or or other integration of off Salaries and wages Repairs and mainter Bad debts Interest (attach scher Taxes and licenses Charitable contributi Depreciation (attach Less depreciation class Depletion Contributions to deff Employee benefit prefit Excess readership control Other deductions, (attach 	structions; a s 3 through 1 ons Not 1 contribution ficers, director hance edule) (see ins Form 4562) aimed on Sc erred comper ograms enses (Schedu ttach schedu dd lines 14 t	Ittach schedule) STATEMENT 2 12 Ittach schedule) Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) ors, and trustees (Schedule K) instructions) structions for limitation rules)) chedule A and elsewhere on return ensation plans dule I) ule J ule J	12 13 for limita ed with	266,177 ations on deductions the unrelated busine 21 21 22a SEE STA'	• .) sss income.) 17,902. TEMENT 3	15 16 17 18 19 20 22b 23 24 25 26 27 28	266,1 38,3 2,7 17,9 21,6 190,0 270,6
 Other income (See ins Total. Combine lines Part II Deduction (Except for of Salaries and wages Repairs and mainter Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation cla Depletion Contributions to defi Excess readership control Other deductions. A Unrelated business for 	structions; a s 3 through 1 contribution ficers, directer hance edule) (see in cons (See ins Form 4562) aimed on Sc erred compe ograms enses (Schedu osts (Schedu dd lines 14 t taxable incor	Ittach schedule) STATEMENT 2 12 Ittach schedule) Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) ors, and trustees (Schedule K) instructions) structions for limitation rules)) chedule A and elsewhere on return ensation plans dule I) ule J) ule)	12 13 for limita ed with	266,177 ations on deductions the unrelated busine 21 22a SEE STA' 9 from line 13	• .) sss income.) 17,902. TEMENT 3	15 16 17 18 19 20 22b 23 24 25 26 27 28 29	266,1 38,3 2,7 17,9 21,6 190,0 270,6 -4,4
 Other income (See ins Total. Combine lines Part II Deduction (Except for of Salaries and wages Repairs and mainter Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depletion Depletion Depletion Excess exempt expe Excess readership constrained Other deductions, A Unrelated business to peduction for net op 	structions; a s 3 through 1 ons Not 1 contribution ficers, director hance adule) (see ins Form 4562) aimed on Sc erred compe ograms enses (Schedor ttach schedu dd lines 14 t taxable incor perating loss	Ittach schedule) STATEMENT 2 12 Ittach schedule) Taken Elsewhere (See instructions ins, deductions must be directly connected ors, and trustees (Schedule K) ors, and trustees (Schedule K) instructions) structions for limitation rules)) chedule A and elsewhere on return ensation plans dule I) ule J) ule) through 28 me before net operating loss deduction. Subtration Subtration Subtration Subtration	12 13 for limita ed with act line 29 Jary 1, 20	266,177 ations on deductions the unrelated busine 21 22a 22a 3 from line 13 266,177 21 22a 21 22a 21 22a 21 22a 21 22a	• :.) :ss income.) 17,902. TEMENT 3	15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	249,4 266,1 38,3 38,3 2,7 17,9 21,6 190,0 270,6 -4,4

D I	(2018) CAL POLY CORPORATION	95-164	8180	Page
Part I				0
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructio Amounts paid for disallowed fringes	,	33 34	0
35	Amounts paid for disallowed fringes Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 4	35	0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	0
Part l'	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	►	39	0
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 for			
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions	►	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	0
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0
	/ Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 45b			
C.	General business credit. Attach Form 3800 45c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		45.0	
	Total credits. Add lines 45a through 45d		45e	0
46 47	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 O	thor (46 47	0
47			47	0
40 49	Total tax. Add lines 46 and 47 (see instructions) 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		40	0
	Payments: A 2017 overpayment credited to 2018		43	0
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments: Form 2439			
Ū	□ Form 4136 □ Other			
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗔		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	►	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	►	54	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded 🕨 🕨	55	
Part V	I Statements Regarding Certain Activities and Other Information (see in	structions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other au	thority		Yes No
	$over \ a \ financial \ account \ (bank, \ securities, \ or \ other) \ in \ a \ foreign \ country? \ If \ "Yes," \ the \ organization \ may \ have$	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign cou	intry		
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?		Х
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any known of the preparer has any known of th	id to the best of my know lowledge.	viedge and belie	er, it is true,
lere	OFFICER	IVIC	ay the into discu	iss this return with
1010	Signature of officer Date OFFICER		e preparer show structions)?	
		Check iii	PIIN	
	Print/Type preparer's name Preparer's signature Date			
	MICAL M POWER CDA	self- employed	P010	23187
Prepa	MICAL W. BOVEE, CPA	self- employed		23187
Prepa	MICAL W. BOVEE, CPA Firm's name ► GLENN BURDETTE			23187
Paid Prepa Use C	MICAL W. BOVEE, CPA	self- employed	95-2	2772601

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Form 990-T (2018) CAL POLY CORPORATION

1 Inventory at beginning of year _____ 1

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

2 Purchases	. 2	34,376.	7 Cost of goods sold. Su	ubtract li	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7	32,44	6.
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	l for resale) apply to			
5 Total. Add lines 1 through 4b		34,376.	the organization?					Х
Schedule C - Rent Income (I				Lease	ed With Real Pro	opert	v)	
(see instructions)		· · · · · · · · · · · · · · · · · · ·						
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the perc rent for personal property is more t 10% but not more than 50%)	entage of han	of rent for per	d personal property (if the percenta sonal property exceeds 50% or if s based on profit or income)	age	3(a) Deductions direct columns 2(a) a	ly conne and 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column ((A)	►		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	🕨		0.
Schedule E - Unrelated Deb	t-Financed	I Income (see in	istructions)		• • • • • • •			
			2. Gross income from		 Deductions directly co to debt-finar 			
1. Description of debt-fina	nced property		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	5. Average	adjusted basis	6. Column 4 divided		7. Gross income		8. Allocable deduction	
debt on or allocable to debt-financed property (attach schedule)	debt-fina	allocable to inced property h schedule)	by column 5		reportable (column 2 x column 6)		column 6 x total of colun 3(a) and 3(b))	nns
(1) 2,133,333.	4	,215,819.	50.60%					
(2)			%					
(3)			%					
(4)			%					
STATEMENT 5	STAT	EMENT 6	70		ntor here and on here 1		Inter here and on page 1	
	~				nter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1 Part I, line 7, column (B).	
Totals			▶		ſ).		0.
Totals Total dividends-received deductions inc				L				0.
								• •

Form 990-T (2018)

1,930.

95-1648180

0. 6 Inventory at end of year 6

Form 990-T (2018)	CAL	POLY	CORPORAT	ION
Schedule F -	Intere	st, Annı	uities, Royalt	ies, and

95-1648180

Page 4

d Rents From Controlled Organizations (see instructions)					
Exempt Controlled O	rganizations				
3. Net unrelated income (loss) (see instructions)	 Total of specified payments made 	5. Part of column 4 that is included in the controlling organization's gross income	 Deductions directly connected with income in column 5 		

Nonexempt Controlled Organizations

(1) (2) (3) (4) 1. Name of controlled organization

Nonexempt Controlled Orga				
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			0.	0.

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

2. Employer identification number

(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	▶ 0.			0.

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.
Fotals ►	0.	0.				0.

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)) ►	0.	0.				0.

Form 990-T (2018)

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Form 990-T (2018) CAL POLY CORPORATION

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	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I 📃 🕨 🕨	0.	0.			•	0.
	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) 🕨	0.	0.				0.
Schedule K - Compensatio	n of Officers,	Directors, and	d Trustees (see in	structions)		
1. Name			2. Title	3. Percer time devot busines	ed to	ompensation attributable o unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II, li	ine 14	•		•		0.

Form 990-T (2018)

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED 1 STATEMENT BUSINESS ACTIVITY

CONTRACTED RETAIL SALES OTHER THAN FOR CONVENIENCE OF STUDENTS, FACULTY MEMBERS OR EMPLOYEES AND UNRELATED MERCHANDISE SALES.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER	INCOME	STATEMENT 2
DESCRIPTION			AMOUNT
CONTRACTED RETAIL SALES	REVENUE		249,409.
TOTAL TO FORM 990-T, PA	GE 1, LINE 12		249,409.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 3
DESCRIPTION			AMOUNT
ADMINISTRATIVE CHARGES OTHER OPERATING COSTS UTILITIES RENT EXPENSE FACILITY FEES COMMISSIONS EXPENSE			1,389. 2,576. 8,610. 167,895. 2,097. 7,483.
TOTAL TO FORM 990-T, PA	GE 1, LINE 28		190,050.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/03	3,368.	3,368.	0.	0.
06/30/04	69,560.	69,560.	0.	0.
06/30/05	50,139.	50,139.	0.	0.
06/30/06	27,153.	27,153.	0.	0.
06/30/07	35,907.	35,907.	0.	0.
06/30/08	18,127.	18,127.	0.	0.
06/30/10	9,773.	9,773.	0.	0.
06/30/11	252,658.	49,503.	203,155.	203,155.
06/30/12	55,284.	0.	55,284.	55,284.
06/30/14	75,491.	0.	75,491.	75,491.

CAL POLY CORPORATION				95-1648180
06/30/17 46,2 06/30/18 53,2		0. 0.	46,243. 53,223.	46,243. 53,223.
NOL CARRYOVER AVAILABLE	E THIS YEAR	_	433,396.	433,396.

FORM 990-T SCHEDULE E - UNRELATED DEBT-FINANCED INCOME AVERAGE ACQUISITION DEBT

STATEMENT 5

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
	2	DEBT
BEGINNING FIRST MONTH		2,190,000.
BEGINNING SECOND MONTH		2,190,000.
BEGINNING THIRD MONTH		2,190,000.
BEGINNING FOURTH MONTH		2,190,000.
BEGINNING FIFTH MONTH		2,105,000.
BEGINNING SIXTH MONTH		2,105,000.
BEGINNING SEVENTH MONTH		2,105,000.
BEGINNING EIGHTH MONTH		2,105,000.
BEGINNING NINTH MONTH		2,105,000.
BEGINNING TENTH MONTH		2,105,000.
BEGINNING ELEVENTH MONTH		2,105,000.
BEGINNING TWELFTH MONTH		2,105,000.
TOTAL OF ALL MONTHS		25,600,000.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		2,133,333.
OTALS TO FORM 990-T, SCHEDULE E, COLUMN 4		

FORM 990-T	SCHEDULE E - UNRELATED DEBT-FINANCED AVERAGE ADJUSTED BASIS	INCOME	STATEMENT 6
DESCRIPTION OF	DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
		2	- AMOUNT
	TED BASIS OF PROPERTY FIRST DAY OF YEAR TED BASIS OF PROPERTY LAST DAY OF YEAR		4,376,055. 4,055,582.
AVERAGE ADJUST	TED BASIS OF PROPERTY FOR THE YEAR		4,215,819.
TOTAL TO FORM	990-T, SCHEDULE E, COLUMN 5		

						ENTITY 2
SCH	OMB No. 1545-0687					
(For						
	2018					
	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.					
	Department of the Treasury Go to www.irs.gov/Form990T for instructions and the latest information.					
Interna	Internal Revenue Service (99) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).					
Name	of the organization				Employer identifica	
<u> </u>		CAL POLY CORPORATION	<u></u>		95-16481	180
		activity code (see instructions)		D REAL PROPE	ο πν ο τηπλι _ η	TECU DADY
L	escribe the unrelat	ed trade or business DEBT FINA	NCE	D REAL PROPE	KII KENIAL-I	IECH PARK
Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or	sales				
b	Less returns and allo	wances c Balance >	1c			
2		d (Schedule A, line 7)	2			
3		ract line 2 from line 1c	3			
4a		come (attach Schedule D)	4a			
b		rm 4797, Part II, line 17) (attach Form 4797) \dots	4b			
С	Capital loss deduc	ction for trusts	4c			
5		a partnership or an S corporation (attach				
	statement)		5			
6		edule C)	6			
7		anced income (Schedule E)	7	251,661.	325,065.	-73,404.
8		, royalties, and rents from a controlled				
		edule F)	8			
9		e of a section 501(c)(7), (9), or (17)				
		edule G)	9			
10		activity income (Schedule I)	10			
11		e (Schedule J)	11			
12		e instructions; attach schedule)	12	251,661.	225 065	-73,404.
13	I otal. Combine lin	nes 3 through 12	13	251,001.	525,005	-73,404.
Par		ns Not Taken Elsewhere (See instruction				for contributions,
	deductions	s must be directly connected with the u	unrela	ated business incom	1e.)	
14	Compensation of	officers, directors, and trustees (Schedule K)			14	
15		s				
16		enance				
17						
18		hedule) (see instructions)				
19		s				1
20	Charitable contrib	utions (See instructions for limitation rules)			20	1
21	Depreciation (attac	ch Form 4562)		21		
22		claimed on Schedule A and elsewhere on return			22b	
23					23	
24		eferred compensation plans				
25	Employee benefit	programs				
26	Excess exempt ex	penses (Schedule I)			26	
27		o costs (Schedule J)				
28		(attach schedule)				
29	Total deductions	Add lines 14 through 28			29	0.
30		s taxable income before net operating loss dedu				-73,404.
31	Deduction for net	operating loss arising in tax years beginning on o	or afte	r January 1, 2018 (see		
32		s taxable income. Subtract line 31 from line 30	<u></u>			-73,404.
LHA	A For Paperwork Reduction Act Notice, see instructions. Schedule					ule M (Form 990-T) 2018

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Form 990-T (2018)						ge 3
CAL POLY				95-164	8180	
Schedule A - Cost of Goods	s Sold. Enter	method of invento				
1 Inventory at beginning of year 1					6	
	2 Purchases 2			btract line 6		
3 Cost of labor		from line 5. Enter here a	and in Part I,			
4a Additional section 263A costs		line 2		7		
(attach schedule)		8 Do the rules of section 2		Yes	No	
b Other costs (attach schedule) 4b			property produced or acquired for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property I	Leased With Real Pro	perty)	
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued				
Y rent for personal property is more than Y of rent for			al and personal property (if the percentage r personal property exceeds 50% or if rent is based on profit or income) 3(a) Deductions directly connected with the income i columns 2(a) and 2(b) (attach schedule)			
(1)						
(2)						
(3)						
(4)						
Total		Total				_
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	2(a) and 2(b). Er (A)	iter		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	Þ	
Schedule E - Unrelated Deb			nstructions)			
			2. Gross income from	3. Deductions directly control to debt-finance		
1. Description of debt-fir	nanced property		or allocable to debt- financed property	 (a) Straight line depreciation (attach schedule) 	(b) Other deductions (attach schedule)	
			STATEMENT 7	STATEMENT 8		
(1) DEBT FINANCED RE	AL PROP	ERTY				
(2) RENTAL-TECH PARK			497,354.	320,473	. 321,948	8.
(3)						
(4)						
debt on or allocable to debt-financed of or property (attach schedule) debt-fina		e adjusted basis allocable to anced property b cohodulo)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	
STATEMENT 9	STATE	MENT ^e 10				
(1)			%			
(2) 2,133,333.	4	,215,818.	50.60%	251,661	. 325,06	5.
(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				251,661	. 325,06	5.
Total dividends-received deductions in					•	0.
					Ганна 000 Т (00	0.4.03

Form **990-T** (2018)

ENTITY 2

823721 01-09-19

FORM 990-T (M) SCHEDULE E - DEPRECIAT	ION DEDUCTIO	N	STATEMENT	7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL	- 1	320,473.	320,473	3.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	320,473.			
FORM 990-T (M) SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
INTEREST OTHER OPERATING EXPENSES - SUBTOTAL	- 1	95,533. 226,415.	321,948	8.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	I3(B)		321,948	3.
FORM 990-T (M) AVERAGE ACQUISITIC ALLOCABLE TO DEBT-FI		RTY	STATEMENT	9
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
ACQUISITION DEBT - SUBTOTAL	- 1	2,133,333.	2,133,333	3.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	14		2,133,333	3.

FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY				STATEMENT	10
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
BASIS	- SUBTOTAL -	1	4,215,818.	4,215,8	18.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	5		4,215,8	18.