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B ctexture CName of organization D Employer identification number CAL POLY CORPORATION 95-1648180 Doing business as 95-1648180 Winder and steet (of P.0. box if mail is not delivered to street address) Rom/suite E telephone number Figure 1 GRAND AVE BLDG 15 G incommuter G incommuter City or town, state or province, country, and ZIP or foreign postal code G incommuter G incommuter SAM LUIS OBISPO, CA 33407 H(a) Is this a group return Foreign and address of principal officer: CODY VANDORN SAME AS C ABOVE SAME AS C ABOVE H(b) Areal abcontaines? Yes (X No H(b) Areal abcontaines? Yebraite WWW. CALPOLYCORPORATION . ORG H(c) Foruge arealization? Intel eligit domicine? Yebraite Campatation? Trust Association Other Intel Association Intel PL Year of tornalization? 2 Check this box I If the organization? Trust Association discontinued is operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part V, line 1a) 4 5 4 Number of number of multiduis employee in torm form 990-T, Part I, line 11 Prior Year Current Year 5 Totat	Interr	al Reve	nue Service			Inspection	
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Image: Provide and street (or P.O. box if mail is not delivered to street address) RomvSuite E Telephone number (805) 756-1451 City or town, state or province, country, and ZIP or foreign postal code SAM LUIS OBISPO, CA 93407 Grass access 110, 674, 243. Argenter FName and address of principal officer. CODY VANDORN FName and address of principal officer. CODY VANDORN H(a) is this a group return for subordinates included? If vis INO, SAME AS C ABOVE I Tax-exempt status: IX 501(cl(3) 501(c) () () (insert no.). 4947(a)(1) or IZ I'No.* attach a list. See instructions Webste: > WWW. CALPED/LYCORPORATION. ORG H(b) describe the organization's mission or most significant activities: TO PROVIDE THE UNIVERSITY WITH CERTAIN SERVICES AND FACILITIES WHICH ARE AN INTEGRAL PART OF THE 2 Check this box > I' In the organization discontinued its operations or disposed of more than 25% of its net assets. Number of individuals employed in calendar year 2021 (Part V, line 2a) 6 2922 Cata number of uniduals employed in calendar year 2021 (Part V, line 2a) 6 2922 Cata number of origonization fines free/sary) 6 106 Ta Tatal unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year B Number of individuals employed in calendar year 2021 (Part V, line 2a) 6 2922 B total number of uninduals employee benefits (Part V, line 1a) </th <td></td> <td></td> <td></td> <td>usiness as</td> <td>95-16481</td> <td>80</td>				usiness as	95-16481	80	
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8 Contributions and grants (Part VIII, line 1h) 7,539,232. 17,928,406. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 34,216,288. 46,477,158. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,978,504. 2,556,032. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,789,133. 26,974,372. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 66,523,157. 93,935,968. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,827,851. 5,634,351. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 35,407,582. 36,202,306. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 28,254,416. 39,107,645. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 0. -5,966,692. 12,991,666. 19 Revenue less expenses. Subtract line 18 from line 12 -5,966,692. <td></td> <td>b</td> <td>Net unrelated</td> <td>business taxable income from Form 990-T, Part I, line 11</td> <td></td> <td>• •</td>		b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		• •	
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	Pa	nrt II					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my	knowledge and belief, it is	
	true,	corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.		

Sign	Signature of officer Date						
Here	CODY VANDORN, CEO						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	MICAL W. BOVEE, CPA			self-employed P01023187			
Preparer	Firm's name 🕒 GLENN BURDETTE ,	INC.		Firm's EIN 🕨 95-2772601			
Use Only	Firm's address 🖌 1150 PALM STREET						
	SAN LUIS OBISPO, CA 93401 Phone no. (805) 544-1441						
May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-09	LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2021)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) CAL POLY CORPORATION 95-1648180 Pag
Pa	t 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.
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 29,668,753. including grants of \$ 1,374,827.) (Revenue \$ 24,981,038
	RESEARCH GRANTS & CONTRACTS: EXTERNALLY SPONSORED PROJECTS
	ADMINISTERED BY THE CORPORATION FOR BENEFIT OF THE UNIVERSITY.
4b	(Code:) (Expenses \$ 15,994,620. including grants of \$ 3,419,241.) (Revenue \$ 9,516,030
	RESTRICTED AND DESIGNATED FUNDS: GIFTS AND SPECIAL ACTIVITY ACCOUNTS
	THAT ARE RESTRICTED OR DESIGNATED FOR SUPPORT OF UNIVERSITY PROGRAMS.
4c	(Code:) (Expenses \$25,251,370. including grants of \$840,283.) (Revenue \$36,023,433
-10	EDUCATIONAL BOOKSTORE: PROVIDED BOOKS, LEARNING MATERIALS AND EQUIPMENT
	FOR THE UNIVERSITY STUDENTS AND FACULTY/STAFF; CAMPUS DINING SERVICES
	FOR UNIVERSITY STUDENTS AND FACULTY; AGRICULTURE PROJECTS
4d	
	(Expenses \$ 2,913,110. including grants of \$) (Revenue \$ 2,791,725.)
4e	Total program service expenses ► 73,827,853.
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Form	990	(2021)

 Form 990 (2021)
 CAL
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 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	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,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
~	Schedule D, Part III	8	~	<u> </u>
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?		х	
10	If "Yes," complete Schedule D, Part IV	9	<u>_</u>	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		<u> </u>
	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		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)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	├──
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			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
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 X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	1
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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 Form 990 (2021)
 CAL
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 CORPORATION

 Part IV
 Checklist of Required Schedules (continued)
 (continued)

	· [constacty]		V-	NL.
22	Did the organization report more than \$5,000 of grants or other assistance to or far demostic individuals on		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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
01	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 472			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
10000	(gambling) winnings to prize winners?	1c	X 990	(2021)
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Form	<u>990 (2021)</u> CAL POLY CORPORATION 95-1648	180	P	age 5
Par				U
			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 2926			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . 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 on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	_	000	
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Form 990	(2021)
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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 on Schedule O. See instructions.

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

X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	13			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.		_			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				
	more members of the governing body?			<u>7a</u>	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
-	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		•		37	
	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					v
Soot	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Vee	Na
10-	Did the exception have lead shorters, branches, or efflicted?			10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		<u></u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		ro filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				- 23	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			12.0		
Ŭ	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sect	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (section 501(c)(3)s	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain	on So	chedule O)			
19	19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial				cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨			
	DAN BANFIELD - (805) 756-7335					
	1 GRAND AVE BLDG 15, SAN LUIS OBISPO, CA 93407					
132006	12-09-21			Form	990	(2021)
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2021.05080 CAL POLY CORPORATION

Form	990	(2021)
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Part VII	Compensation of Officers, Directors, Trustees, K	Key Employees,	Highest	Compensated
	Employees, and Independent Contractors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		liga	ΠZα			ipen	Sait	<i>`</i>	,	
(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average Positi						ne	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	e com		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	High	Former			
(1) CYNTHIA VILLA	4.00									
CHAIR	40.00	Х		Х				0.	306,384.	55,466.
(2) CYNTHIA JACKSON-ELMOORE	4.00									
VICE CHAIR	40.00	Х		Х				0.	334,704.	64,634.
(3) ANDREW THULIN	4.00									
SECRETARY/TREASURER	40.00	Х		Х				0.	250,536.	92,984.
(4) CARA CRYE	4.00									
DIRECTOR		Х						0.	0.	0.
(5) COLE DORRIS	4.00									
DIRECTOR		Х						0.	0.	0.
(6) MARISSA HIJI	4.00									
DIRECTOR		Х						0.	0.	0.
(7) KEITH HUMPHREY	4.00									
DIRECTOR	40.00	X						0.	254,316.	100,114.
(8) SEAN HURLEY	20.00									
DIRECTOR	40.00	х						0.	126,920.	62,415.
(9) GERI LACHANCE	4.00									
DIRECTOR		Х						0.	0.	0.
(10) PATRICK MULLEN	4.00									
DIRECTOR		Х						0.	0.	0.
(11) CYRUS RAMEZANI	10.00									
DIRECTOR	40.00	Х						68,028.	143,607.	66,300.
(12) STEVEN REIN	4.00									
DIRECTOR	40.00	Х						0.	124,090.	55,359.
(13) DEAN WENDT	10.00									
DIRECTOR	40.00	Х						15,780.	238,080.	95,353.
(14) CODY VANDORN	40.00									
EXECUTIVE DIRECTOR				Х				0.	220,008.	90,061.
(15) JAMES DUNNING	40.00									
ASSOC. VP, CORPORATE ENGAG						X		183,036.	0.	35,236.
(16) ANDREA BURNS	40.00									
ASSOC. EXEC. DIRECTOR, CPC						Х		175,770.	0.	13,952.
(17) DAN BANFIELD	40.00									
ASSOC. EXEC. DIRECTOR, BUS	4.00					X		166,598.	22,649.	28,118. Form 990 (2021)
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Form 990 (2021) CAL POLY	CORPORA	TI	ON						95-16	5481	.80	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F	=)
Name and title	Average	(do		Posi neck r) than c	ne	Reportable	Reportable		Estin	nated
	hours per	box,	unles	s per	son i	s both r/trust	an	compensation	compensatio		amou	unt of
	week			uau	recio		ee)	from	from related	I		her
	(list any hours for	recto						the	organization	I	•	nsation
	related	or di	ee			ated		organization	(W-2/1099-MIS			the
	organizations	ustee	trust		e	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		and re	ization
	below	lual tr	tional		yolqr	st con yee	-	1033-1120)			organiz	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organi	Lationic
(18) MARK SWISHER	40.00	_	_	0	×							
DIRECTOR, SWANTON PACIFIC RANCH						x		99,708.	58,81	13.	42,	385.
(19) JASON WILL MARCHESE	40.00							,	•			
ASSOC. EXEC. DIRECTOR, LEG						x		149,329.		0.	32,	874.
										$ \rightarrow $		
								858,249.	2,080,10	17	835	251.
1b Subtotal c Total from continuation sheets to Part VI								0.00,249.	2,000,10	0.	055,	0.
								858,249.	2,080,10	•••	835	251.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not provide the second secon											055,	271.
2 Total number of individuals (including but no compensation from the organization	or infinited to the	ose	liste	u ab	ove) WH	o re	eceived more than \$100,	000 of reportable	;		15
											Y	es No
3 Did the organization list any former officer,	director truste	oo k		mol	0.10	o or	hio	hest compensated emp		Г		
c i	-		-	•	-		Ŭ	• • •			3	x
line 1a? If "Yes," complete Schedule J for setFor any individual listed on line 1a, is the su										····	3	
and related organizations greater than \$150											4 Σ	τ
5 Did any person listed on line 1a receive or a	,									····· -		<u> </u>
											5	X
rendered to the organization? <i>If</i> "Yes." <i>com</i> Section B. Independent Contractors	plete Schedule	<u> </u>	or su	<u>cn p</u>	bers	on .				<u></u>	5	
1 Complete this table for your five highest con	mpensated ind	ene	nder	nt co	ntra	actor	e th	nat received more than \$	100 000 of comr		on from	
the organization. Report compensation for t	-									Jensau		
(A)	ine calendar ye		nuin	9 10				(B)			(C)	
Name and business	address							Description of s	ervices	Co	ompensa	ation
MAINO CONSTRUCTION COMPAN	Y INC							CONSTRUCTION				
PO BOX 1347, SAN LUIS OBI		9	34	06			I	MANAGEMENT		1	509	419.
MSE ENVIRONMENTAL INC	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-					_	ENVIRONMENTA	r,		,	
PO BOX 2821, MARTINEZ, CA	94553							SERVICES	-		712.	002.
CHARTWELLS DINING SERVICE											,	
PO BOX 50196, LOS ANGELES		07	4					MANAGEMENT SI	ERVICES		568,	817.
BELFOR ENVIRONMENTAL INC,				D			_	ENVIRONMENTA				
AVENUE SUITE 150, BIRMING								SERVICES			413,	429.
CBORD GROUP INC											/	
950 DANBY ROAD SUITE 100C	, ITHAC	A,	N	Y 1	14	85	b I	TECHNOLOGY SI	ERVICES		370,	398.
2 Total number of independent contractors (ir												
\$100,000 of compensation from the organiz	-				19			,				

Form **990** (2021)

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 Form 990 (2021)
 CAL
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 Part VIII
 Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under
					lanotion revenue		sections 512 - 5
ş	1 a	Federated campaigns 1a					
und	b	Membership dues 1b					
and Other Similar Amounts	с	Fundraising events 1c	302,875.				
ar /		Related organizations	3,858,643.				
mi	е	Government grants (contributions) 1e					
ŝ	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	13,766,888.				
Ó	g	Noncash contributions included in lines 1a-1f	516,865.				
anc	h	Total. Add lines 1a-1f	►	17,928,406.			
			Business Code				
	2 a	GRANTS & CONTRACTS	900099	24,981,038.	24981038.		
Revenue	b	SERVICE FEES	561000	9,325,920.	9,051,926.	273,994.	
nue	с	MISCELLANEOUS	900099	5,472,713.	5,472,713.		
eve	d	UNIV. PROGRAMS SUPPORT	900099	3,905,762.	3,905,762.		
č	е	CONFERENCES & WORKSHOPS	519100	2,791,725.	2,791,725.		
	f	All other program service revenue					
		Total. Add lines 2a-2f		46,477,158.			
	3	Investment income (including dividends, interes					
		other similar amounts)		1,965,976.			196597
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	. Г				
	•	(i) Real	(ii) Personal				
	6 a	Gross rents 6a 553,559.					
		Less: rental expenses 6b 737,136.					
		Rental income or (loss) 6c -183,577.					
		Net rental income or (loss)		-183,577.	76,310.	-129,553.	-130,33
		Gross amount from sales of (i) Securities	(ii) Other	,	,		
	<i>i</i> a	assets other than inventory 7a 3,349,641.	445,527.				
	h	Less: cost or other basis					
	b		384,282.				
	-		61,245.				
			· · · · ·	590,056.	61,245.		528,81
		Net gain or (loss) Gross income from fundraising events (not		550,050.	01,243.		520,01
	8 a	including \$ 302,875. of					
,							
		contributions reported on line 1c). See	324,049.				
		Part IV, line 18	160,186.				
		Less: direct expenses 8b		162 062			162.06
		Net income or (loss) from fundraising events	····· ►	163,863.			163,86
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	····· >				
1	10 a	Gross sales of inventory, less returns	20 600 00-				
			39,629,927.				
		J	12,635,841.	00.001.000			
	С	Net income or (loss) from sales of inventory		26,994,086.	26971507.	22,579.	
			Business Code				
<u>و</u> 1	1 a						
<u>Revenue</u>	b						
lev	С						
	d	All other revenue					
щ							
ш	е	Total. Add lines 11a-11d	🕨				

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	n 990 (2021) CAL POLY CO rt IX Statement of Functional Expense			95-16	48180 Page
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor			,	Σ
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 \dots	5,488,187.	5,488,187.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	146,164.	146,164.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	325,679.		325,679.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	28,547,264.	25,023,070.	3,524,194.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,106,886.	825,305.	281,581.	
9	Other employee benefits	4,216,168.	2,728,389.	1,487,779.	
0	Payroll taxes	2,006,309.	1,726,469.	279,840.	
1	Fees for services (nonemployees):				
а	Management	2,290.	2,290.		
	Legal	184,927.	177,701.	7,226.	
	Accounting	127,185.	-	127,185.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	194,038.	73,704.	120,334.	
	Other. (If line 11g amount exceeds 10% of line 25,		,		
3	column (A), amount, list line 11g expenses on Sch O.)	6,081,950.	5,879,196.	202,754.	
2	Advertising and promotion	289,362.	279,158.	10,204.	
3	Office expenses	238,015.	204,484.	33,531.	
4	Information technology	439,425.	270,276.	169,149.	
5	Royalties	501,106.	501,106.		
6	Occupancy	1,678,099.	1,613,499.	64,600.	
7	Travel	661,637.	655,174.	6,463.	
8	Payments of travel or entertainment expenses				
Ū	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	42,890.	36,182.	6,708.	
0	Interest	1,505,376.	1,505,376.		
1	Payments to affiliates	_,,	_,,,.,.		
2	Depreciation, depletion, and amortization	3,609,819.	3,520,025.	89,794.	
2 3	Insurance	367,957.	262,564.	105,393.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)			100,000	
а	SUPPLIES & EQUIPMENT	7,380,874.	7,338,229.	42,645.	
b	OTHER UNIVERSITY RELATE	7,211,253.	7,211,253.		
с	CONTRACT & GRANT IDC EX	4,010,307.	4,010,307.		
d	LIVESTOCK EXPENSE	1,522,141.	1,522,141.		
е	All other expenses SEE SCH O	3,058,994.	2,827,604.	231,390.	
25	Total functional expenses. Add lines 1 through 24e	80,944,302.	73,827,853.	7,116,449.	
26	Joint costs. Complete this line only if the organization				

Joint costs. Complete this line only if the organization 20 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

Form 990 (2021)

Part X Balance Sheet

CAL POLY CORPORATION

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

(A) (B) Beginning of year End of year 22,179. 22,519. 1 1 Cash - non-interest-bearing 24,550,366. 26,764,767. 2 2 Savings and temporary cash investments 14,876,304. 1,836,290. 16,897,934. Pledges and grants receivable, net 3 3 5,651,496. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 1,194,661. 6,374,587. Notes and loans receivable, net 7 7 Assets 1,848,244. 1,216,206. 8 Inventories for sale or use 8 1,075,977. 585,043. 9 Prepaid expenses and deferred charges a **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 120,331,996. 77,449,645. 93,522,842. 10c 89,220,741. 99,563,583. Investments - publicly traded securities 11 11 4,223. 4,223. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 323,000. 323,000. Other assets. See Part IV, line 11 15 15 221,621,500. 241,706,330. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 7,975,282. 8,237,962. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 10,889,951. 19 14,493,697. 19 Deferred revenue Tax-exempt bond liabilities 20 20 4,362,001. 5,518,523. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 28,846,000. 47,044,506. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 39,355,598. 36,618,454. of Schedule D 25 91,428,832. 26 111,913,142. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🔀 and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 130,192,668. 31 129,793,188. 31 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 129,793,188. 32 130,192,668. 32 221,621,500. 241,706,330. 33 33 Total liabilities and net assets/fund balances

11

2021.05080 CAL POLY CORPORATION

95-1648180 Page 11

Form 990 (2021)

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Form	990 (2021) CAL POLY CORPORATION	95-	16481	80	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			<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,93</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,944		
3	Revenue less expenses. Subtract line 2 from line 1	3		,991	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	130,			
5	Net unrealized gains (losses) on investments	5	-12,	,94(),8	61.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-45(),2	85.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	129,	,793	3,1	88.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.				
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	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		·····	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audi	t			1
	Act and OMB Circular A-133?		····· -	3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Т

Name of the organization Employer identification nu												
	CAL POLY CORPORATION 95											
Par	τI	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The c	organ	ization is not a private found	lation because it is: (F	For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(iii).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in section 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)(v).						
7		An organization that norma	Illy receives a substar	ntial part of its support fi	rom a gove	ernmental unit or from	he general p	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe			-							
9		An agricultural research org				-	-	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city, and state o	f the college	or				
		university:										
10		An organization that norma										
		activities related to its exem						-				
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acquired by the o	ganization a	πer June 30, 1975.				
11		See section 509(a)(2). (Con An organization organized a		voluto toot for public oo	fotu Soo	$\mathbf{E} = \mathbf{E} = \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E} \mathbf{E}$						
12	x	An organization organized a	-	•	•		arry out the	ourposes of one or				
12		more publicly supported or	-	-			-					
		lines 12a through 12d that										
а	X	Type I. A supporting orga	• •				-	nivina				
		the supported organization										
		organization. You must c			, ,			5				
b		Type II. A supporting org	-		tion with it	s supported organizati	on(s), by hav	ing				
		control or management o	-					-				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, and function	ally integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete l	Part IV, Se	ections A, D, and E.						
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection with its suppo	orted organiz	ation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution requirement an	d an attentiv	eness				
		_ requirement (see instructi										
е		Check this box if the orga					II, Type III					
		functionally integrated, or		nally integrated supporti	ng organiz	ation.		1				
		er the number of supported o	•					1				
<u> </u>		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed ng document? (v) Amount	of monetary	(vi) Amount of other				
	,	organization	(1) 2.14	(described on lines 1-10	in your governi Yes	ng document? support (see	,	support (see instructions)				
CAT	. т Б	ORNIA		above (see instructions))	165							
		ECHNIC STATE U	94-6001347	2	x	3 41	9,241.	70,408,615.				
101	<u>, , , , , , , , , , , , , , , , , , , </u>	Demite DIAID 0	54 0001547	4		5,11	, 4 4 1 4	10,400,015.				
Tota						3,41	9,241.	70,408,615.				

	A (Form 990)) 202
Part II	Suppor	t So

J	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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1		Г	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for th	-			-		
Sol	organization, check this box and stop ction C. Computation of Publi						
			-	aluma (f))		14	04
	Public support percentage for 2021 (I Public support percentage from 2020		•			15	<u>%</u>
	33 1/3% support test - 2021. If the c					L	
104	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o	. ,	0		l line 15 is 33 1/3%		
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		withow the organiz	
b	10% -facts-and-circumstances test	•	• •	,	•		
-	more, and if the organization meets th						
	organization meets the facts-and-circi				• •		
18	Private foundation. If the organization		-				
							(Form 990) 2021

CAL POLY CORPORATION

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support		1	1		1	1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
2	Gross receipts from activities that						
5	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		_			_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here				-	-	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	tment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colui	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than (33 1/3%, and line ⁻	17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
13202	23 01-04-22					Schedule	A (Form 990) 2021
			1 6				

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Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Х 1 Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a 10b

Schedule A (Form 990) 2021

16

Schedule A	(Form 990) 2021	CAL	POLY	CORPORATION
Part IV	Supporting Or	ganizations	(continu	ed)

Х

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1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			

	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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.	
Section 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		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supp	oorted a governmental entity (see instruction <u>s).</u>
---	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

17 2021.05080 CAL POLY CORPORATION Yes No

га	Type in Non-1 unctionally integrated 505(a)(5) Supporting	ng Organi	2410115		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction				
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	1	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see	

ype in supporting instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A (Form 990) 2021 CAL POLY CORPORATION
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

CAL POLY CORPORATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year**

1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	2	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required - pro-	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive		-	
•	(provide details in Part VI). See instructions.	le organization le responence		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)	10	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	າຣ	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Section D - Distributions

Schedule A	(Form 990) 2021	CAL PO	LY CORPO	RATION		95-1648180 _{Pag}	e 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	2, 3b, 3c, 4b lines 2 and 3;	, 4c, 5a, 6, 9a, 9 Part IV, Section	9b, 9c, 11a, 11b, a ı E, lines 1c, 2a, 2l	and 11c; Part IV, Section E b, 3a, and 3b; Part V, line	e 17a or 17b; Part III, line 12; b, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,	
	(See instructions.)						
132028 01-04-2	2			2.0		Schedule A (Form 990) 2	021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organizatio

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

95-1648180

he organizatio	n		
	CAL	POLY	CORPORATION

Organization type (check one):					
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

X 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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CAL POLY CORPORATION

95-1648180

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$3,858,643.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$3,000,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$ <u>625,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4_		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		\$ <u>376,610.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6_		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

CAL POLY CORPORATION

nployer identification numb

95-1648180

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>240,250.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>175,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	, , , , 	\$ <u>162,850.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>159,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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CAL POLY CORPORATION

Name of organization

Employer identification number

95-1648180

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$ <u>143,085.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 14 </u>		\$137,757.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 16 </u>		\$112,883.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$112,346.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 123452 11-11		\$ <u>105,239.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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CAL POLY CORPORATION

Name of organization

Employer identification number

95-1648180

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$100,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$100,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$100,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$100,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		- \$\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

(d)

Type of contribution

(d) Type of contribution

(d)

Type of contribution

(d)

Type of contribution

(d)

Type of contribution

X

X

X

X

X

95-1648180

Person Payroll

Noncash

Person Payroll

Noncash (Complete Part II for

> Person Payroll

Noncash

Person Payroll Noncash

Person Payroll

Noncash

Person Payroll

50,000.

CAL POLY CORPORATION 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** 25 85,000. (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 26 60,100. noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. 27 60,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 28 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 29 50,000. \$ (Complete Part II for noncash contributions.) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** 30

Noncash (Complete Part II for noncash contributions.)

X

(d)

Type of contribution

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2021.05080 CAL POLY CORPORATION

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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) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 47,171. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 32 X Person Payroll 41,667. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 41,667. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll Noncash 40,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 36,250. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 36 Person Payroll 35,976. Noncash \$ X (Complete Part II for noncash contributions.) 123452 11-11-21

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Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CAL POLY CORPORATION

95-1648180

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u>35,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$31,534.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ <u>31,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$26,398.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

2021.05080 CAL POLY CORPORATION

Name of organization

Employer identification number

CAL POLY CORPORATION

95-1648180

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>25,000.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$ <u>24,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	- \$\$24,250. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
	(b) (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) (b) Name, address, and ZIP + 4 (c) (b) Name, address, and ZIP + 4 (c) (c) Name, address, and ZIP + 4 (c) (c) (c) Name, address, and ZIP + 4 (c) (c) (c) (c) (c) (c) (c) (c)	Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (c) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions

Schedule B (Form 990) (2021)

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2021.05080 CAL POLY CORPORATION

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Name of organization

Page **2** Employer identification number

CAL POLY CORPORATION

95-1648180

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$ <u>23,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$22,100.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$21,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$20,791.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$20,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> 123452 11-11-		\$20,201.	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Name of organization

Page **2** Employer identification number

CAL POLY CORPORATION

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$20,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 56 </u>		\$20,084.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$20,079.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 59</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$ <u>19,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$19,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67_		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70_		\$ <u>16,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$16,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$ <u>15,990.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 Person Payroll 15,705. Noncash Х (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 74 X Person Payroll 15,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 75 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 76 X Person Payroll Noncash 15,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 78 X Person Payroll 14,487. Noncash \$ (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 79 X Person Payroll 14,100. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 80 X Person Payroll 13,800. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 81 X Person Payroll 13,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 X Person Payroll Noncash 13,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 84 X Person Payroll 12,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$11,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$11,113.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$11,058.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 91 X Person Payroll 11,040. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 92 X Person Payroll 11,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 93 X Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 94 X Person Payroll Noncash 11,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 X Person Payroll 10,100. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 96 Person Payroll 10,000. Noncash \$ X (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$10,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 103 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 104X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 105 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 106 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 107 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 108 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 109 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 110 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 111 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 112 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 113 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 114 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 115 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 116 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 117 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 118 Person Payroll 9,818. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 119 X Person Payroll 9,700. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 120 X Person Payroll 9,500. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$9,500.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$9,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123		\$9,220.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 8,900.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$8,540.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$8,000.	Person X Payroll (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 127 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 128 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 129 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 130 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 131 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 132 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>133</u>		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>135</u>		\$7,492.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>136</u>		\$7,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$7,027.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 139 X Person Payroll 6,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 140 X Person Payroll 6,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 141 X Person Payroll 6,850. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 142 X Person Payroll 6,825. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 143 X Person Payroll 6,825. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 144 X Person Payroll 6,762. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 145 X Person Payroll 6,668. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 146 X Person Payroll 6,666. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 147 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 148 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 149 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 150 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 151 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 152 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 153 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 154 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 155 X Person Payroll 5,944. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 156 X Person Payroll 5,898. Noncash \$ (Complete Part II for noncash contributions.)

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 157 X Person Payroll 5,877. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 158 Person Payroll 5,822. Noncash X (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 159 X Person Payroll 5,600. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 160 X Person Payroll 5,575. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 161 X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 162 X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 163 X Person Payroll 5,454. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 164 X Person Payroll <u>5,25</u>0. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 165 Person Payroll 5,174. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 166 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 167 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 168 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 169 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 170 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 171 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 172 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 173 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 174 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

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Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 175 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 176 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 177 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 178 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 179 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 180 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

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CAL POLY CORPORATION

Name of organization

Employer identification number

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95-1648180

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 181 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 182 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 183 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 184 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 185 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 186 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 187 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 188 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 189 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 190 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 191 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 192 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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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) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 193 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 194 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 195 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 196 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 197 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 198 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21

Schedule B (Form 990) (2021)

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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) (d) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 199 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 200 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 201 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 202 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 203 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 204 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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Name of organization

Employer identification number

CAL POLY CORPORATION

9	5	_	1	6	4	8	1	8	0
---	---	---	---	---	---	---	---	---	---

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_205		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11-	-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

CAL P	OLY CORPORATION		95	-1648180
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	l.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
2	LAND IN MOUNT VERNON, WASHINGTON	\$3,000,0	00.	_06/30/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
<u> 10</u>	STOCK CONTRIBUTION	\$162,8	50.	_06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	-	(d) Date received
<u> 18 </u>	STOCK CONTRIBUTION	\$105,2	39.	_06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
36_	CORN SILAGE	\$35,9	76.	_06/30/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
<u> 50 </u>	2 HORSES	\$22,1	00.	_06/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
52	4 1-TON PALLETS OF MEGALAC	\$20,7	<u>91.</u>	_06/30/22_

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Schedule B (Form 990) (2021)

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Name of organization

CAL POLY CORPORATION				95	-1648180
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additio	nal space is needed.		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.)		(d) Date received
54	STOCK CONTRIBUTION	\$_	20,20)1.	_06/30/22
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.)		(d) Date received
56	STOCK CONTRIBUTION	\$_	20,08	84.	06/30/22
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.)		(d) Date received
57_	STOCK CONTRIBUTION	\$_	20,07	79.	_06/30/22_
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.)		(d) Date received
73_	STOCK CONTRIBUTION	\$_	15,70)5.	06/30/22
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.)		(d) Date received
96	STRAWBERRY RESEARCH EQUIPMENT	\$_	10,00	0.	_06/30/22_
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate (See instructions.)		(d) Date received
97	STOCK CONTRIBUTION	\$_	10,00	00.	_06/30/22_

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Schedule B (Form 990) (2021)

Name of organization

Schedule B (Form 990) (2021)

CAL POLY CORPORATION 95-1648180 Part II Noncash Property (see inductions). Use duplicate copies of Part II if additional space is needed. (a) (b) (c)	Name of organization			Emplo	Employer identification number		
(a) No. Form Part I (b) Description of noncash property given (c) FNV (or estimate) (See instructions) (d) Date received 118 STOCK CONTRIBUTION s 9,818. 06/30/22 (a) No. Form (b) Description of noncash property given FMV (or estimate) (See instructions) (d) Date received 125 SROWCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received (d) Date received 125 SROWCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 126 SROWCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 127 SROWCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 128 SECONCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 129 SECONCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 128 SECONCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 128 SECONCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 158 SECONCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 158 SECONCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 158 SECONCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 1615 SECONCASE ROXES, ZEYCRAINS AND AIR PRESERENCES (d) Date received 162 SECONCASE ROXES, ZEYCR	CAL P	OLY CORPORATION		95	-1648180		
No. from Part I (b) Description of noncash property given (c) FMV (or setimate) (See instructions.) (d) Date received 118 ====================================			f additional space is neede				
118	No. from		FMV (or estima				
(a) s 9,818. 06/30/22 (a) (b) (c) (d) (d) Part1 SMOKASE BOXES, KEYCHAINS AND AIR PRESENERS (d) (d) (d) 125 SMOKASE BOXES, KEYCHAINS AND AIR PRESENERS (e) (f) (d) 126 SMOKASE BOXES, KEYCHAINS AND AIR PRESENERS (f) (d) (d) 127 SMOKASE BOXES, KEYCHAINS AND AIR PRESENERS (f) (d) (d) 128 Description of noncash property given FMV (or estimate) (See instructions.) (d) (d) 158 STOCK CONTRELEUTION (f) (f) (d) (d) 165 STOCK CONTRELEUTION (g) (g) (g) (g) 166 STOCK CONTRELEUTION (g) (g) (g) (g) 167 STOCK CONTRELEUTION (g) (g) (g) <td< td=""><td>118</td><td>STOCK CONTRIBUTION</td><td>_</td><td></td><td></td></td<>	118	STOCK CONTRIBUTION	_				
No. from Part1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions.) (d) Date received 125 SINCASE BOXES, KEYCHAINS AND AIR PRESHENERS s 06/30/22 (a) No. from Part1 (b) Description of noncash property given s 8,540. 06/30/22 (a) No. from Part1 SINCK CONTRIBUTION (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part1 SINCK CONTRIBUTION (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part1 SINCK CONTRIBUTION (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part1 (b) Description of noncash property given s 5,174. 06/30/22 (a) No. from Part1 (b) Description of noncash property given s 5,174. 06/30/22 (a) No. from Part1 (b) Description of noncash property given s (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from part1 (b) Description of noncash property given s (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from part1 (b) Description of noncash property given s (c) FMV (or estimate) (See instructions.) (d) Date received			\$9,8	818.	06/30/22		
125	No. from		FMV (or estima				
(a) (b) (c) (d) Part1 Description of noncash property given (f) (g) (g) 158	125	SHOWCASE BOXES, KEYCHAINS AND AIR FRESHENERS	_				
No. from Part1 (b) Description of noncash property given (c) FWV (or estimate) (See instructions.) (d) Date received 158 STOCK CONTRIBUTION \$			\$8,5	540.	06/30/22		
158	No. from		FMV (or estima				
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received 165 STOCK CONTRIBUTION (See instructions.) (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) Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received	158	STOCK CONTRIBUTION	_				
No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received 165 STOCK CONTRIBUTION 			_ \$5,8	322.	06/30/22		
165	No. from		FMV (or estima				
(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 s (c) 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	165	STOCK CONTRIBUTION	-				
No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received			\$5,1	L74.	_06/30/22_		
(a) (b) (c) FMV (or estimate) (d) from Description of noncash property given (See instructions.) Date received Part I	No. from		FMV (or estima	-			
No. (c) (d) from Description of noncash property given FMV (or estimate) Part I (See instructions.)							
	No. from		(c) FMV (or estimation				
			_				
			_ \$		<u> </u>		

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Employer identification number

Name of or	rganization		Employer identification number
CAL PO	OLY CORPORATION		95-1648180
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in secti	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or les	For organizations s for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	1
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
			_
			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
			_
F		(e) Transfer of gift	
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
-		() -	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) Na			_
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
			-
		(e) Transfer of gift	
	Transforco's name address a	nd 7 ID + 4	Polationship of transforor to transforoo
F	Transferee's name, address, a		Relationship of transferor to transferee
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		0			OMB No. 1545-0047
SCHEDULE D Supplemental Financial Statements					
(Forr	n 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2021
	ment of the Treasury		Attach to Form 990.		Open to Public Inspection
-	I Revenue Service e of the organizati		90 for instructions and the latest information.	Employ	/er identification number
INAIII	e of the organizati	CAL POLY CORPORATIO	ON		95-1648180
Pa	rt I Organiza		d Funds or Other Similar Funds or Ac	counts.	
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at e	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	of grants from (during year)			
4	Aggregate value a	t end of year			
5	-		writing that the assets held in donor advised fund		
			exclusive legal control?		Yes No
6	•	e	dvisors in writing that grant funds can be used o	•	
			r donor advisor, or for any other purpose conferr	•	
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV,		Yes No
		servation easements held by the organization		, line 7.	
1		n of land for public use (for example, recrea		orically imr	actant land area
		of natural habitat	tion or education) Preservation of a histo	• •	
		n of open space		med histor	
2			ied conservation contribution in the form of a co	nservation	easement on the last
-	day of the tax yea	o o .			Id at the End of the Tax Year
а				2a	
b				2b	
с	-	-	ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
	listed in the Natior	nal Register		2d	
3			eased, extinguished, or terminated by the organi	ization dur	ing the tax
	year 🕨				
4	Number of states	where property subject to conservation eas	sement is located		
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	•	forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easeme	nts during the year
	►				
7		ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sements d	luring the year
~	►\$			(1)	
8			e satisfy the requirements of section 170(h)(4)(B)	.,	Yes No
9			on easements in its revenue and expense statem		Yes No
9		•	note to the organization's financial statements the		as the
		counting for conservation easements.			
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar A	ssets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet	t works
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furtherar	nce of pub	lic
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.	-	
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet wo	orks of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public	service,
	provide the follow	ing amounts relating to these items:			
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		▶ \$_	
	(ii) Assets include	ed in Form 990, Part X		▶ \$_	198,000.
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financial gain,	provide	

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,
	the following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1

	For Deperwork		
b	Assets included	in Form 990	Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

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2021.05080	CAL	POLY	CORPORATION

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Schedule D (Form 990) 2021

Sche		Y CORPORAT:					95-	164818	80 ғ	-age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other S	imilar Ass	sets _{(cont}	inued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make signi	ificant use of	its		
	collection items (check all that apply):									
а	X Public exhibition	d	I 🗌 L	oan or exc	hange progra	m				
b	Scholarly research	е								
с	X Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how the	ey further th	e organizatio	n's exempt	purpose in F	Part XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes	Σ	No
Par	t IV Escrow and Custodial Arrang					Yes" on Fo	orm 990, Part	IV, line 9, c	or	
	reported an amount on Form 990, Par			-						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontributions	s or other ass	ets not incl	luded			
	on Form 990, Part X?							Yes	Σ	ΔNo
b	If "Yes," explain the arrangement in Part XIII a									
		·	U					Amou	nt	
с	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?	X Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on F	Part XIII			. Σ	Σ
Par										
		(a) Current year		rior year	(c) Two years		Three years b	ack (e) Fo	ur year	s back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment		_							
с		%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administere	ed for the c	organization			
	by:								Yes	No
	(i) Unrelated organizations							3a(i))	
	(ii) Related organizations)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	inds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accu	umulated	(d) Bo	ok valı	ue
		basis (investr	nent)		(other)	depre	ciation			
1a	Land	80,	000.		4,793.			19,94		
	Buildings				2,044.		2,831.	48,87		
с	Leasehold improvements				5,539.		2,671.	3,26		
d	Equipment				5,666.		0,066.	4,64		
	Other			17,90	3,954.	1,11	3,586.	16,79		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 10	0c.)		►	93,52	22,8	342.
							Sche	dule D (For	m 990) 2021

Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 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 o	r 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.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r 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	e 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	e 11e or 11f. See Form 990, Part X, lin	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACTUARIAL ANNUITY LIABILIT	TIES		958,452.
(3) POSTEMPLOYMENT BENEFIT OBI	JIGATIONS		12,763.
(4) PENSION LIABILITY			13,568,587.
(5) GASB OPEB & PENSION LIABII	JITY		
(6) ADJUSTMENT			11,291,557.
(7) LIFE-INTEREST IN REAL ESTA	ATE		10,984,200.
(8) UNAMORTIZED LOSS ON REFUNI			-197,105.
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25)		▶ 36,618,454.

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

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 CAL POLY CORPORATION	95-	1648180	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	94,732,	564.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a -12,940,861.		-	
b				
с	Recoveries of prior year grants 2c		-	
d			-	
е	Add lines 2a through 2d		-12,653,	
3	Subtract line 2e from line 1	3	107,386,	120.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-	
а			-	
b	Other (Describe in Part XIII.) 4b -13,450,152.			
с	Add lines 4a and 4b	4c	-13,450,	152.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	93,935,	968.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		r	
1	Total expenses and losses per audited financial statements	1	95,132,	044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	
а	Donated services and use of facilities 2a 737,590.		-	
b	Prior year adjustments 2b		-	
с	Other losses 2c		-	
d	Other (Describe in Part XIII.) 2d 13,450,152.			
е	Add lines 2a through 2d	2e	14,187,	
3	Subtract line 2e from line 1	3	80,944,	302.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		-	
b	Other (Describe in Part XIII.) 4b			
с	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	80,944,	302.
Da	rt XIII Supplemental Information.			

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	CORPO	ORATI	ON MAI	NTAINS	S AN	ART C	OLLEC'	TION	ACQUI	RED	BY I	ONATIC	ON WH	ICH	HAS
мот	איניניט		ר מקמת	.NT (1)1172	DTN A	ΝΟΤΛΤ	<u>с</u> шуш.	DADAD		סינים	001	TROUTO	NT TO	TTTTT	л
NOT	DEEN	RECO	RDED 1	N THE	FINA	NCIAL	STAT	CMCMJ	5, A5	THE	COL	LECTIC	M T2	пер	D
FOR	PUBL	IC EX	HIBITI	ON OR	EDUC	ATION	; THE	COLI	ECTIO	N IS	PRC	TECTEL), KE	РТ	
UNEI	ICUMB	ERED,	CAREI	FOR,	AND	PRESE	RVED.	THE	VALUE	OF	THE	COLLEC	TION	WAS	
EST:	[MATE]	D AT	\$1,400	,000 Z	AT JU	NE 30	, 202	2.							

PART III, LINE 4:

THE CORPORATION MAINTAINS THE AL SMITH ESTATE, LOCATED IN DAVENPORT, CA,

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	ΒY	\mathbf{THE}	CORPORATION	FOR	THE	PUBLIC,	FOR	FUTURE	
132054 10-28-21									Sc	hedule D (Form 9	90) 2021

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Part XIII Supplemental Information (continued)

GENERATIONS AND EDUCATIONAL OPPORTUNITIES FOR STUDENTS.

PART IV, LINE 2B:

THE CORPORATION HOLDS 9 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

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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

-450,285.

-12,635,841.

-13,450,152.

-160,186.

-654,125.

12,635,841.

160,186.

654,125.

13,450,152.

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) 2021

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Name	e of the organization					Employer identif	fication number
CAT	DOLY CORPOR	ΑΨΤΟΝ				95-164818	30
Par			ctivities Out	side the United States. Compl	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV				Ŭ		
1	For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra	ants and other a		
	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes 🗌 No
•		uibe in Deut V the					ide the
2	United States.	nde in Part v tre	e organization s	procedures for monitoring the use of its	s grants and ot	her assistance outs	ide trie
3		ne following Part	I. line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	investments
			in the region			(0)	in the region
					FACILITATE	Α ΠΕΧΙ.ΨΗΥ	
				GRANT MADE TO RECIPIENT IN	OPEN SOURCE		
EURO	PE	0	0	THE REGION	COMMUNITY		102,139.
							· ·
					STRENGTHENI	NG	
				GRANT MADE TO RECIPIENT IN		ECOSYSTEMS	
SUB-	SAHARAN AFRICA	0	0	THE REGION	IN SUB-SAHA	RAN AFRICA	44,025.
							-
0 -	Subtatal	0	0				146,164.
	Subtotal Total from continuation						140,104.
U	sheets to Part I	0	0				0.
с	Totals (add lines 3a						
	and 3b)	0	0				146,164.

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

Schedule F (Form 990) 2021

132071 12-20-21

Statement o	of Activities	Outside the	United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	
Name of the organization	ו

SCHEDULE F (Form 990) CAL POLY CORPORATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -	FACILITATE A HEALTHY OPEN SOURCE SOFTWARE					
		, ,	COMMUNITY	102,139.	WIRE TRANSFER	0.		
			STRENGTHENING ENGINEERING ECOSYSTEMS IN					
		AFRICA	SUB-SAHARAN AFRICA	44,025.	WIRE TRANSFER	٥.		
	nization by the IRS, o	or for which the grantee	l ecognized as charities by the or counsel has provided a sec			······ • -		11

Schedule F (Form 990) 2021

(a) Type of grant or assistance (b) Region , recipients cash grant

CAL POLY CORPORATION

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Page 3

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

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Schedule F (Form 990) 2021 CAL POLY CORPORATION

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART 1 LINE 2:

CAL POLY CORPORATION'S SPONSORED PROGRAMS DEPARTMENT MONITORS GRANTS BY

ACTIVELY MANAGING PROGRAMMATIC AND FINANCIAL PERFORMANCE TO ENSURE THAT

ACTIVITIES MANAGED DIRECTLY BY CAL POLY CORPORATION, AS WELL AS THOSE

ACTIVITIES MANAGED BY SUB-RECIPIENT PARTNERS, ARE IMPLEMENTED

EFFECTIVELY AND ARE IN COMPLIANCE WITH ALL SPONSOR-REQUIRED TERMS AND

CONDITIONS. SPONSORED PROGRAMS DEPARTMENT REVIEWS EXPENDITURE REQUESTS

FOR ALLOWABILITY, ALLOCABILITY AND REASONABLENESS IN ACCORDANCE WITH

THE SPONSORED PROJECT'S PURPOSE PRIOR TO EXPENSE APPROVAL.

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990)		e 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.						2021
Department of the Treasury	Attach to Form 000 or Form 000 EZ					Open to Public		
Internal Revenue Service	Bo to www.irs.gov/Form990 for instructions and the latest information.					•		
						95-1648		
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
		ed funds through any of the followin	g activ	rities. (Check all that apply.			
a 📃 Mail solicitat		e 📃 Solicita	tion of	non-g	overnment grants			
	email solicitations			-	nment grants			
c Phone solici		g 🛄 Special	fundra	lising	events			
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with p			•		Ye	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	ne fur	ndraiser is to b	e
	····· ; ··· ; ··· ; ····					6.0	Amount noid	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	have c or con	fundraiser have custody or control of from activity		tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total								
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (exempt from re	egistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form S	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

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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 WINEMAKER'S	(b) Event #2 CP ARTS	(c) Other events	(d) Total events (add col. (a) through	
			DINNER (event type)	SPOTLIGHT EV (event type)	(total number)	col. (c))	
anı				(over type)	(total hambol)		
Revenue	1	Gross receipts	284,493.	199,518.	142,913.	626,924.	
Я							
	2	Less: Contributions	175,591.	59,518.	67,766.	302,875.	
	3	Gross income (line 1 minus line 2)	108,902.	140,000.	75,147.	324,049.	
	4	Cash prizes					
enses	5	Noncash prizes			5,162.	5,162.	
	6	Rent/facility costs		6,584.	12,611.	19,195.	
Direct Expenses	7	Food and beverages	22,365.	2,598.	24,240.	49,203.	
Dire	8	Entertainment	<u>2,185.</u> 57,915.	2,500.	<u>2,185.</u> 15,384.	6,870.	
	9	Other direct expenses Direct expense summary. Add lines 4 through		6,457.	15,384.		
		<u>160,186.</u> 163,863.					
Pa	11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than						
\$15,000 on Form 990-EZ, line 6a.							
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue					
ses	2	Cash prizes					
xbens	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		

	6	Volunteer labor No No No
	7	Direct expense summary. Add lines 2 through 5 in column (d)
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)
9	Ent	ter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes **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:

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Schedule G (Form 990) 2021

No

No

Schedule G (Form 990) 2021	CAL POLY	CORPORATION	95-1648180 Page 3
11 Does the organization conduct		nonmembers?	
		f a trust, or a member of a partnership or other entity formed	
			Yes No
13 Indicate the percentage of gam			
			13 a %
		ares the organization's gaming/special events books and reco	
Name 🕨			
Address 🕨			
15a Does the organization have a c	contract with a third pa	rty from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of g	aming revenue receive	d by the organization \blacktriangleright \$ and the ar	nount
of gaming revenue retained by	the third party ▶\$		
c If "Yes," enter name and addre	ess of the third party:		
Name 🕨			
Address 🕨			
16 Gaming manager information:			
Name 🕨			
Gaming manager compensatio	n ▶ \$		
Description of services provide	ed 🕨		
Director/officer	Employee	Independent contractor	
17 Mandatory distributions:			
	der state law to make	charitable distributions from the gaming proceeds to	
retain the state gaming license	•		Yes No
•••		e law to be distributed to other exempt organizations or spen	
organization's own exempt act	•		
		the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
		ovide any additional information. See instructions.	
			<u> </u>
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Part IV	Supplemental Information	(continued)		
				Schedule G (Form 990)

132084 11-18-21

11190512 756668 004394

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047			
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2021			
Department of the Treasury	Attach to Form 990.									
Internal Revenue Service	 ► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. Open to P Inspect 									
Name of the organization CAL POLY	CORPORATI	ON					Employer identification number $95 - 1648180$			
Part I General Information on Grants an										
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on			
criteria used to award the grants or assis	tance?				,		X Yes No			
2 Describe in Part IV the organization's pro										
Part II Grants and Other Assistance to I recipient that received more than \$	•			1 0	anization answered "N	/es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
CALIFORNIA POLYTECHNIC STATE UNIVERSITY - ONE GRAND AVE SAN LUIS OBISPO, CA 93407	94-6001347	115	716,501.	0.			STUDENT GRANTS AND SCHOLARSHIPS AWARDED AND MONITORED BY THE UNIVERSITY			
CALIFORNIA POLYTECHNIC STATE UNIVERSITY - ONE GRAND AVE SAN LUIS OBISPO, CA 93407 CALIFORNIA POLYTECHNIC STATE	94-6001347	115	2,702,740.	471,439.	воок	SPONSORED PROGRAM ASSETS	SUPPORT OF THE UNIVERSITY			
UNIVERSITY FOUNDATION - ONE GRAND AVE HERON HALL - SAN LUIS OBISPO, CA 93407	20-4927897	501(C)(3)	368,844.	0.			SUPPORT OF THE UNIVERSITY			
ALLAN HANCOCK COLLEGE 800 SOUTH COLLEGE DRIVE SANTA MARIA, CA 93454	52-1692042	115	56,689.	0.			SUBAWARD UNDER SPONSORED PROGRAMS GRANT			
AMERICAN INSTITUTES FOR RESEARCH 1000 THOMAS JEFFERSON ST WASHINGTON, DC 20007	25-0965219	501(C)3	36,810.	0.			SUBAWARD UNDER SPONSORED PROGRAMS GRANT			
ARIZONA STATE UNIVERSITY P.O. BOX 876011 TEMPE, AZ 85287	86-0196696	115	16,455.	0.			SUBAWARD UNDER SPONSORED PROGRAMS GRANT			
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				▶ 24.			
3 Enter total number of other organizations	listed in the line 1	I table					▶ 3.			

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

Schedule I (Form 990) CAL POLY CORPORATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UC MERCED							
5200 N. LAKE ROAD							SUBAWARD UNDER SPONSORED
MERCED, CA 95343	27-0093858	115	25,267.	0.			PROGRAMS GRANT
ERA ECONOMICS							
1111 KENNEDY PLACE, SUITE 4							SUBAWARD UNDER SPONSORED
DAVIS, CA 95616	46-2096594		52,116.	0.			PROGRAMS GRANT
COLERIDGE							
4511 DALTON ROAD							SUBAWARD UNDER SPONSORED
CHEVY CHASE, MD 20815	83-0963735	501(C)3	165,996.	0.			PROGRAMS GRANT
,,				•			
GUADALUPE UNION SCHOOL DISTRICT							
4465 NINTH ST							SUBAWARD UNDER SPONSORED
GUADALUPE, CA 93434	77-0070778	115	79,274.	0.			PROGRAMS GRANT
UC BERKELEY							
1608 FOURTH ST, SUITE 220							SUBAWARD UNDER SPONSORED
BERKELEY, CA 94710	94-6002123	115	23,097.	0.			PROGRAMS GRANT
MIRIAM MEDICAL HOSPITAL							
164 SUMMIT AVENUE							SUBAWARD UNDER SPONSORED
PROVIDENCE, RI 02906-2853	05-0258905	501(C)3	17,758.	0.			PROGRAMS GRANT
UNIVERSITY OF MIAMI							CURANARD UNDER GRONGORED
5100 BRUNSON DR	59-0624458	115	82 401	0			SUBAWARD UNDER SPONSORED
MIAMI, FL 33146	59-0624458	112	82,401.	0.			PROGRAMS GRANT
OREGON HEALTH & SCIENCE UNIVERSITY							
3181 SW SAN JACKSON PARK RD							SUBAWARD UNDER SPONSORED
PORTLAND, OR 97239-3098	93-1176109	115	46,532.	0.			PROGRAMS GRANT
DACO DODIES TOTNIM UNITETED SQUOOT							
PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT - 800 NIBLICK RD - PASO							SUBAWARD UNDER SPONSORED
ROBLES, CA 93446	48-1295642	115	78,495.	0.			PROGRAMS GRANT

Schedule I (Form 990)

Schedule I (Form 990) CAL POLY CORPORATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY OF SCIENCE							
AND TECHNOLOGY - 1138 PEARSON							
HALL, 505 MORRILL ROAD - AMES, IA							SUBAWARD UNDER SPONSORED
50011	42-6004224	115	21,613.	0.			PROGRAMS GRANT
UNIVERSITY OF CALIFORNIA, SANTA							
BARBARA - 3227 CHEADLE HALL -							SUBAWARD UNDER SPONSORED
SANTA BARBARA, CA 93106	95-6006145	115	32,674.	0.			PROGRAMS GRANT
SAN LUIS OBIISPO COUNTY COMMUNITY	55 0000145	115	52,074.	••			
COLLEGE DISTRICT DBA CUESTA							
COMMUNITY COL - P.O. BOX 8106 -							SUBAWARD UNDER SPONSORED
SAN LUIS OBISPO, CA 93403	52-2018681	115	224,472.	0.			PROGRAMS GRANT
,,,			,				
UNIVERSITY OF TENNESSEE							
1331 CIRCLE PARK DRIVE							SUBAWARD UNDER SPONSORED
KNOXVILLE, TN 37996	62-6001636	115	30,689.	0.			PROGRAMS GRANT
UNIVERSITY OF FLORIDA							
207 GRINTER HALL, PO BOX 115500							SUBAWARD UNDER SPONSORED
GAINESVILLE, FL 32611	59-6002052	115	6,897.	0.			PROGRAMS GRANT
WAKISH, PLLC 766 ASHUE RD							SUBAWARD UNDER SPONSORED
WAPATO, WA 98951	82-3512545		11,953.	0.			PROGRAMS GRANT
	02 3312343		11,555.	0.			
UNIVERSITY OF ARKANSAS - DIVISION							
OF AGRICULTURE - 1371 W. ALTHEIMER							SUBAWARD UNDER SPONSORED
DR - FAYETTEVILLE, AR 72704	71-6003252	115	11,269.	0.			PROGRAMS GRANT
KANSAS STATE UNIVERSITY							
1601 VATTIER STREET 2 FAIRCHILD HAL							SUBAWARD UNDER SPONSORED
MANHATTAN, KS 66506	48-0771751	115	100,688.	0.			PROGRAMS GRANT
BOARD OF REGENTS, UNIVERSITY OF			, -				
NEBRASKA - 151 PREM S. PAUL							
RESEARCH CENTER - LINCOLN, NE							SUBAWARD UNDER SPONSORED
68583	47-0049123	115	49,969.	0.			PROGRAMS GRANT

Schedule I (Form 990)

Schedule I (Form 990) CAL POLY CORPORATION Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UFTS UNIVERSITY							
36 HARRISON AVENUE							SUBAWARD UNDER SPONSOREI
OSTON, MA 02111	04-2103634	501(C)(3)	30,177.	0.			PROGRAMS GRANT
NIVERSITY OF NORTH CAROLINA,							
REESBURG - 1111 SPRING GARDEN ST							
UITE 2601 RM 2702 MHRA BLDG -							SUBAWARD UNDER SPONSOREI
REENSBORO, NC 27412	56-6001468	115	17,172.	0.			PROGRAMS GRANT
NIVERSITY OF HAWAII							
425 CAMPUS RO SINCLAIR LIBRARY RM							SUBAWARD UNDER SPONSOREI
ONOLULU, HI 96822	99-6000354	115	10,087.	0.			PROGRAMS GRANT

Schedule I (Form 990)

Schedule I (Form 990) 2021

CAL POLY CORPORATION

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
art IV Supplemental Information Browide the informati					

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

Schedule I (Form 99

CAL POLY CORPORATION

 Schedule I (Form 990)
 CAL
 P

 Part IV
 Supplemental Information

SPONSORED PROJECT'S PURPOSE PRIOR TO EXPENSE APPROVAL.

Schedule I (Form 990)

132291 04-01-21

SC	HEDULE J	Compens	ation Information	I	OMB No. 1	545-004	47		
(Fo	rm 990)	•	rs, Trustees, Key Employees, and Highest		20	01			
		Comp	ensated Employees		20		Í		
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.							
	al Revenue Service		0 for instructions and the latest information.		Inspe				
Nam	ne of the organization			Employer i			nber		
		CAL POLY CORPORATI	ON	95-1	648180)			
Ра	rt I Question	s Regarding Compensation							
						Yes	No		
1a			of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any rele							
	First-class or c		Housing allowance or residence for perso						
	Travel for com		Payments for business use of personal re- Health or social club dues or initiation fee						
		ation and gross-up payments pending account							
		spending account	Personal services (such as maid, chauffeu	ir, chei)					
h	If any of the boyce	on line 1a are checked, did the organization	follow a written policy regarding payment or						
U	•		ove? If "No," complete Part III to explain		1b				
2			or allowing expenses incurred by all directors,						
-	-		parding the items checked on line 1a?		2				
3	Indicate which, if a	v, of the following the organization used to	establish the compensation of the organization's						
			boxes for methods used by a related organization						
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	·	Compensation committee							
	Independent of	ompensation consultant	X Compensation survey or study						
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, See	ction A, line 1a, with respect to the filing						
	organization or a re	ated organization:							
а	Receive a severance	e payment or change-of-control payment?			4a		X		
b	Participate in or rec	eive payment from a supplemental nonquali	fied retirement plan?		4b		X		
С	Participate in or rec	eive payment from an equity-based compen	sation arrangement?		4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	0								
-)(3), 501(c)(4), and 501(c)(29) organizations		_					
5			the organization pay or accrue any compensatio	[]					
~	contingent on the r				Ea		X		
							X		
U		r 5b, describe in Part III.			30				
6		,	the organization pay or accrue any compensatio	n					
5	contingent on the r		and engline and pay or aborde any compensatio						
а	0	5			6a		х		
							X		
-		r 6b, describe in Part III.							
7		,	the organization provide any nonfixed payments						
					7		Х		
8			ued pursuant to a contract that was subject to th						
		ption described in Regulations section 53.49			8		X		
9		d the organization also follow the rebuttable							
			· · · ·		9				
LHA		eduction Act Notice, see the Instructions f			ule J (Form	1 990)	2021		

132111 11-02-21

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CYNTHIA VILLA	(i)	0.	0.	0.	0.	0.	0.	0.
CHAIR	(ii)	306,384.	0.	0.	45,110.	10,356.	361,850.	0.
(2) CYNTHIA JACKSON-ELMOORE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR	(ii)	334,704.	0.	0.	45,113.	19,521.	399,338.	0.
(3) ANDREW THULIN	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	250,536.	0.	0.	73,463.	19,521.	343,520.	0.
(4) KEITH HUMPHREY	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	254,316.	0.	0.	74,572.	25,542.	354,430.	0.
(5) SEAN HURLEY	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	126,920.	0.	0.	36,921.	25,494.	189,335.	0.
(6) CYRUS RAMEZANI	(i)	68,028.	0.	0.	0.	0.	68,028.	0.
DIRECTOR	(ii)	143,607.	0.	0.	42,108.	24,192.	209,907.	0.
(7) STEVEN REIN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	124,090.	0.	0.	29,859.	25,500.	179,449.	0.
(8) DEAN WENDT	(i)	15,780.	0.	0.	0.	0.	15,780.	0.
DIRECTOR	(ii)	238,080.	0.	0.	69,811.	25,542.	333,433.	0.
(9) CODY VANDORN	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	220,008.	0.	0.	64,512.	25,549.	310,069.	0.
(10) JAMES DUNNING	(i)	183,036.	0.	0.	16,836.	18,400.	218,272.	0.
ASSOC. VP, CORPORATE ENGAG	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANDREA BURNS	(i)	175,770.	0.	0.	11,779.	2,173.	189,722.	0.
ASSOC. EXEC. DIRECTOR, CPC	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAN BANFIELD	(i)	166,598.	0.	0.	11,757.	16,361.	194,716.	0.
ASSOC. EXEC. DIRECTOR, BUS	(ii)	22,649.	0.	0.	0.	0.	22,649.	0.
(13) MARK SWISHER	(i)	99,708.	0.	0.	8,977.	12,235.	120,920.	0.
DIRECTOR, SWANTON PACIFIC RANCH	(ii)	58,813.	0.	0.	12,728.	8,445.	79,986.	0.
(14) JASON WILL MARCHESE	(i)	149,329.	0.	0.	11,734.	21,140.	182,203.	0.
ASSOC. EXEC. DIRECTOR, LEG	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

2021
Open to Public
Inspection

Employer identification number

CAL	POLY	CORPORATION

	CAL POLY CORPORATION						95-1648180			
Pa					•					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		0	s		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	15	226,164.	FAIR MARKE	ET 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 $_{\dots}$									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other	X		3,000,000.	FAIR MARKE	ST VA	LUE			
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts		0.4	010 (42						
25	Other \blacktriangleright (<u>OTHER ASSETS</u>)	X	84		ESTIMATED					
26	Other (EQUINE ANIMAL)	X	6	91,058.	ESTIMATED	FMV				
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organized	-								
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29						
							Yes	No		
30a	During the year, did the organization receive by	-	•••••							
	must hold for at least three years from the date		l contribution, and	which isn't required to be us	sed for					
	exempt purposes for the entire holding period?	?				. 30 a		X		
	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	-	-	-	tions?	31	X			
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash						
	contributions?					<u>32a</u>	Х			
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) 2021

132141 11-17-21

Part II			 Provide the information
	M (Form 990)		 CORPORATION

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) 2021

Page **2**

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

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

95-1648180

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 \$ 2,913,110. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,791,725.

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 EXECUTIVE DIRECTOR 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. 132211 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
CAL POLY CORPORATION	95-1648180
FORM 990, PART VI, SECTION B, LINE 15:	
AS REQUIRED BY STATE LAW, THE CORPORATION DETERMINES COMPE	NSATION BASED ON
COMPARABILITY OF STATE EMPLOYEES OF THE UNIVERSITY PERFORM	ING SUBSTANTIALLY
SIMILAR SERVICES. FOR NOT SUBSTANTIALLY SIMILAR SERVICES,	SALARIES MUST BE
AT LEAST EQUAL TO SALARIES PREVAILING IN OTHER EDUCATIONAL	INSTITUTIONS OR
COMMERCIAL OPERATIONS OF LIKE NATURE BASED ON BIANNUAL SAL	ARY 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, A	ND AUDITED
FINANCIAL STATEMENTS AND FORMS 990 FOR THE PAST THREE YEAR	S ARE AVAILABLE
TO THE PUBLIC ON THE CAL POLY CORPORATION WEBSITE AND ARE	ALSO AVAILABLE
UPON WRITTEN REQUEST.	

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

HOSTING:

PROGRAM SERVICE EXPENSES	1,039,460.
MANAGEMENT AND GENERAL EXPENSES	24,178.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,063,638.
OTHER EXPENSE:	
PROGRAM SERVICE EXPENSES	693,418.
MANAGEMENT AND GENERAL EXPENSES	104,169.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	797,587.

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization CAL POLY CORPORATION	Page Employer identification number 95–1648180
ADMINISTRATION CHARGES:	55-1040100
PROGRAM SERVICE EXPENSES	645,924.
MANAGEMENT AND GENERAL EXPENSES	86,111.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	732,035.
GENERAL/EQUIPMENT MAINTENANCE:	
PROGRAM SERVICE EXPENSES	448,802.
MANAGEMENT AND GENERAL EXPENSES	16,932.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	465,734.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	3,058,994.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-450,285.
132212 11-11-21	Schedule O (Form 990) 202

132161 11-17-21 LHA

Schedule R (Form 990) 2021

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.

Department of the Treasury Internal Revenue Service

Name of the organization

CAL POLY CORPORATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling 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) rolled ity?
				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				х
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			х
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			х
ASSOCIATED STUDENTS, INC, CPSU, SAN LUIS	EXTRA-CURRICULAR						
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			х

Employer i

Employer identification number

95-1648180

OMB No. 1545-0047

Open to Public Inspection 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	cont	g) 512(b)(13) rolled zation?
-				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 7			х
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)				х
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Schedule R (Form 990) 2021 CAL POLY CORPORATION

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

		-								1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	-										
	-										
										+ +	
	1										
										+	+
	4										
	1										
	l					1		1	l		

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	egal domicile Direct controlling T		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		or trust)		255615		Yes No	
	CHARITABLE GIFT								
SPLIT INTEREST TRUSTS (24)	ANNUITIES	CA							X
	-								
	-								
	-								

Schedule R (Form 990) 2021 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.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I	I-IV?		
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	ζ
Gift, grant, or capital contribution from related organization(s)		X	ζ
Loans or loan guarantees to or for related organization(s)		ı X	ζ
Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)		X	2
Lease of facilities, equipment, or other assets from related organization(s)		X	ζ
Performance of services or membership or fundraising solicitations for related organization(s)		X	ζ
n Performance of services or membership or fundraising solicitations by related organization(s)	1m	n Z	ζ
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	ζ
Sharing of paid employees with related organization(s)		, X	2
Reimbursement paid to related organization(s) for expenses		, X	ζ
Reimbursement paid by related organization(s) for expenses		L X	ζ
Other transfer of cash or property to related organization(s)	<u>1r</u>	X	ζ
Other transfer of cash or property from related organization(s)	1s		

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	4,396,937.	COST
CALIFORNIA POLYTECHNIC STATE UNIVERSITY,			
(2) SAN LUIS OBISPO	М	3,809,144.	СОЅТ
CALIFORNIA POLYTECHNIC STATE UNIVERSITY,			
(3) SAN LUIS OBISPO	L	6,106,102.	СОЅТ
CALIFORNIA POLYTECHNIC STATE UNIVERSITY,			
(4) SAN LUIS OBISPO	P	8,097,495.	COST
(5) CAL POLY CORPORATION VEBA TRUST	Q	1,388,572.	COST
(6) CAL POLY CORPORATION VEBA TRUST	R	372,717.	COST

Schedule R (Form 990) CAL POLY CORPORATION

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
CALIFORNIA POLYTECHNIC STATE UNIVERSITY, (7) SAN LUIS OBISPO	J	105,610.	COST
CALIFORNIA POLYTECHNIC STATE UNIVERSITY, (8) SAN LUIS OBISPO	к	80,983.	
(9)			
(10)			
(11)			
(12)			
_ (13)			
_ (14)			
(15)			
(16)			
(17)			
(18)			
(19)			
_ (20)			
_ (21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2021 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)	(0)	(f)	(g)	(h	۱	(i)	(j)	(k)																					
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all partners s 501(c)(3 orgs.?	Sec. Share of	Share of) nor-	Code V-UBI	(J) General (
of entity	Finnary activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3	³⁾ total	end-of-year	Dispro tion allocati	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin																						
or onary		country)	excluded from tax under	orgs.?		assets		ons?	of Schedule K-1	partner																						
			360110113 3 12-3 14)	Yes N			Yes	No	(1011111003)	Yes No																						
										\vdash	+																					

Schedule R (Form 990) 2021

CAL POLY CORPORATION

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

132165 11-17-21

Form 8	879-TE		IRS e-file Signatur for a Tax Exe	e Authorization mpt Entity	F	OMB No. 1545-0047
		For calendar year 202	1, or fiscal year beginning JUL 1	, 2021, and ending JUN 30	, 20 2 2	0004
Departmer	nt of the Treasury		Do not send to the IRS.	Keep for your records.		2021
	venue Service		 Go to www.irs.gov/Form8879T 	E for the latest information.		
Name of					EIN or SSN	
		LY CORPORA			95-164	18180
Name an	d title of officer or pe	erson subject to tax	CODY VANDORN			
Dort	Turne of	Datum and Da	CEO			
Part			turn Information			
Form 53 or 10a k whichev	330 filers may ente below, and the ame	r dollars and cents. ount on that line for	For all other forms, enter whole de the return being filed with this for	er the applicable amount, if any, fro ollars only. If you check the box on n was blank, then leave line 1b, 2l turn, then enter -0- on the applicabl	line 1a, 2a, 3a b, 3b, 4b, 5b, 6	a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 7b, 8b, 9b, or 10b,
1a	Form 990 check h	nere 🕨 🗌	b Total revenue, if any (Form	990, Part VIII, column (A), line 12)	•	1b
		eck here ►		990-EZ, line 9)		
	Form 1120-POL			ne 22)		3b
4a	Form 990-PF che	eck here		icome (Form 990-PF, Part V, line 5		1b
5a	Form 8868 check	here		le 3c)		
		k here 🕨 🔀		II, line 4)	6	5b
	Form 4720 check			I, line 1)		
	Form 5227 check		b FMV of assets at end of tax			3b
	Form 5330 check		b Tax due (Form 5330, Part II,			9b
	Form 8038-CP ch		,	r equested (Form 8038-CP, Part III,		10b
Part			ure Authorization of Offic	er or Person Subject to Ta	x	
of any re entry to financia later tha paymen persona	efund. If applicable the financial institu- l institution to deb in 2 business days t of taxes to receiv- l identification nur eck one box only	e, I authorize the U. ution account indic it the entry to this a prior to the payme /e confidential infor nber (PIN) as my sig	S. Treasury and its designated Fin ated in the tax preparation softwar ccount. To revoke a payment, I m nt (settlement) date. I also authoriz mation necessary to answer inquir gnature for the electronic return an	reason for any delay in processing ancial Agent to initiate an electronic e for payment of the federal taxes ust contact the U.S. Treasury Finan te the financial institutions involved ies and resolve issues related to the d, if applicable, the consent to elect	c funds withdra owed on this re icial Agent at 1 l in the process e payment. I ha stronic funds w	awal (direct debit) sturn, and the -888-353-4537 no sing of the electronic ave selected a ithdrawal.
X	I authorize GL	ENN BURDE	TTE, INC.	t	to enter my PIN	12345
			ERO firm name			Enter five numbers, but do not enter all zeros
	with a state age on the return's o As an officer or return. If I have	ncy(ies) regulating of disclosure consent person subject to ta indicated within this	charities as part of the IRS Fed/Sta screen. ax with respect to the entity, I will	ve indicated within this return that a ate program, I also authorize the afor enter my PIN as my signature on th being filed with a state agency(ies) consent screen.	prementioned E tax year 202	ERO to enter my PIN 1 electronically filed
Signature of	of officer or person subje	ct to tax			Date	
Part		ation and Authe	entication			
ERO's I	EFIN/PIN. Enter yo	our six-digit electror	nic filing identification			
number	(EFIN) followed by	your five-digit self-	selected PIN.	7741441234 Do not enter all zeros		
submitti				021 electronically filed return indica ernized e-File (MeF) Information for	ited above. I co	
	gnature 🕨			Date 🕨		
			ERO Must Retain This For	m - See Instructions		
				6 Unless Requested To Do	So	
LHA F	or Privacy act and		ction Act Notice, see instruction			Form 8879-TE (2021)
102521 01	1-11-22		~~			
0051	2 756669	004204	96			NT 00420

11190512 756668 004394

2021.05080 CAL POLY CORPORATION

004394_1

		EXTENDED TO MAY 15, 2023			
Form 990-T					
	For cal	endar year 2021 or other tax year beginning $ { m JUL}$ 1 , $$ 2021 $$, and ending $$ $$ $$ $$ $$ JUN 30 , $$ 20 $$	22	2021	
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.			
Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3		Open to Public Inspection for 01(c)(3) Organizations Only	
A Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmploy	yer identification number	
B Exempt under section	Print	CAL POLY CORPORATION		5-1648180	
X 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1 GRAND AVE BLDG 15		exemption number structions)	
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		1	
529(a) 529A		SAN LUIS OBISPO, CA 93407	F └	Check box if	
		ok value of all assets at end of year > 241,706,330.		an amended return.	
		• X 501(c) corporation 501(c) trust 401(a) trust Other trust			
H Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		. —	
		ation filing a consolidated return with a 501(c)(2) titleholding corporation	-		
		ed Schedules A (Form 990-T)	3		
		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
		d identifying number of the parent corporation.			
		DAN BANFIELD Telephone number	(805)) 756-7335	
		ss taxable income computed from all unrelated trades or businesses (see		22,797.	
			1	22,191.	
			3	22,797.	
3 Add lines 1 and 2				0.	
	•	see instructions for limitation rules) taxable income before net operating losses. Subtract line 4 from line 3		22,797.	
		ng loss. See instructions STATEMENT 1	. 5	22,797.	
	•	ss taxable income before specific deduction and section 199A deduction.	0	22,151.	
7 Total of unrelated Subtract line 6 fro			7		
		ally \$1,000, but see instructions for exceptions)		1,000.	
		duction. See instructions		1,0001	
10 Total deductions				1,000.	
		ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_,	
enter zero			11	0.	
Part II Tax Com	putati				
		s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.	
		ates. See instructions for tax computation. Income tax on the amount on			
Part I, line 11 from	_	Tax rate schedule or Schedule D (Form 1041)	2		
3 Proxy tax. See ins			3		
4 Other tax amounts					
5 Alternative minimu			_		
6 Tax on noncomp	liant fa	cility income. See instructions			
		h 6 to line 1 or 2, whichever applies	7	0.	
		ion Act Notice, see instructions.		Form 990-T (2021)	

Form 9	90-T (2021)				F	Dage 2
Part	III Tax and Payments					
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a				
b	Other credits (see instructions)	1b				
с	General business credit. Attach Form 3800 (see instructions)	1c				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d				
е	Total credits. Add lines 1a through 1d			1e		
2	Subtract line 1e from Part II, line 7			2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 86		Form 8866	3		
4	Total tax. Add lines 2 and 3 (see instructions).					
	section 1294. Enter tax amount here	▶		4		0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line	e 4		5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a				
b	2021 estimated tax payments. Check if section 643(g) election applies	6b				
с	Tax deposited with Form 8868	6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)	6e				
f	Credit for small employer health insurance premiums (attach Form 8941)	6f				
g	Other credits, adjustments, and payments: Form 2439					
	□ Form 4136 Other Total ►	6g				
7	Total payments. Add lines 6a through 6g			7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		►	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		►	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	d		10		
	Enter the amount of line 10 you want: Credited to 2022 estimated tax		Refunded 🕨	11		
Part	IV Statements Regarding Certain Activities and Other Information	n (see ir	nstructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a s	signature	or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the org	ganizatior	n may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the na	ame of th	e foreign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the granton	or of, or tra	ansferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year					
4	Enter available pre-2018 NOL carryovers here ▶ \$433,396. Do not inc	lude any	post-2017 NOL ca	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any	•	•			
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL c	carryover	s. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the	ne tax yea	r. See instructions			
	Business Activity Code	Availab	e post-2017 NOL c	arryover		
	SEE STATEMENT 3 \$					
	\$					
6a	Did the organization change its method of accounting? (see instructions)					X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF,	, or Form	1128? If "No,"			
	explain in Part V					
Part	V Supplemental Information					

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other th	an taxpayer) is based on all information of	which preparer has any kr		May	the IRS discuss this return with reparer shown below (see	
	Signature of officer	Date Title			instructions)? X Yes No		
	Print/Type preparer's name	Preparer's signature	Date	Check] if	PTIN	
Paid				self- employ	ed		
Prepare	, MICAL W. BOVEE, CPA					P01023187	
Use Onl		Firm's name GLENN BURDETTE, INC.					
000 011	1150 PALM	1150 PALM STREET					
	Firm's address 🕨 SAN LUIS	Firm's address 🕨 SAN LUIS OBISPO, CA 93401					
123711 01-31	-22					Form 990-T (2021)	
		9.8					

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
PRE-2018 NOL CARRY FOR PRE-2018 NOL DEDUCTION	WARD FROM PRIOR YEAR INCLUDED IN PART I, LINE 6	433,396. 22,797.
SCHEDULE A PORTION OF SCHEDULE A ENTITY	PRE-2018 NOL SCHEDULE A SHARE	
1	0.	
2 3	0. 0.	
TOTAL SCHEDULE A SHARE NET OPERATING DEDUCTIO BALANCE AFTER PRE-2018	N NOL DEDUCTION	0. 22,797. 0.
EXPIRING NET OPERATING CARRY FORWARD OF NET O		0. 410,599.

PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
3,368.	3,368.	0.	0.
69,560.	69,560.	0.	0.
50,139.	50,139.	0.	0.
27,153.	27,153.	0.	0.
35,907.	35,907.	0.	0.
18,127.	18,127.	0.	0.
9,773.	9,773.	0.	0.
252,658.	49,503.	203,155.	203,155.
55,284.	0.	55,284.	55,284.
75,491.	0.	75,491.	75,491.
46,243.	0.	46,243.	46,243.
53,223.	0.	53,223.	53,223.
ER AVAILABLE THIS	YEAR	433,396.	433,396.
	LOSS SUSTAINED 3,368. 69,560. 50,139. 27,153. 35,907. 18,127. 9,773. 252,658. 55,284. 75,491. 46,243. 53,223.	LOSS PREVIOUSLY APPLIED 3,368. 3,368. 69,560. 69,560. 50,139. 50,139. 27,153. 27,153. 35,907. 35,907. 18,127. 18,127. 9,773. 9,773. 252,658. 49,503. 55,284. 0. 75,491. 0. 46,243. 0.	PREVIOUSLY APPLIEDLOSS REMAINING3,368.3,368.0.69,560.69,560.0.50,139.50,139.0.27,153.27,153.0.35,907.35,907.0.18,127.18,127.0.9,773.9,773.0.252,658.49,503.203,155.55,284.0.55,284.75,491.0.75,491.46,243.0.46,243.53,223.0.53,223.

FORM 990T, PART IV	AVAILABLE POST-2017 NOL	STATEMENT 3
BUSINESS CODE	AVAILABLE POST-2	2017 NOL
531120 453220 323100	330,95 97,93 11,13	31.

SCHE	DULE	Α
(Form	990-1	Γ)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

Open to Public Inspection for

501(c)(3) Organizations Only

3

B Employer identification number 95-1648180

D Sequence:

1

of

Name of the	organizatio	11
CAL	POLY	CORPORATION

531120 Unrelated business activity code (see instructions) С

Describe the unrelated trade or business DEBT FINANCED REAL PROPERTY RENTAL-TECH PARK

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7	150,713.	280,266.	-129,553.
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	150,713.	280,266.	-129,553.

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

-					
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	-129,553.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-129,553.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2021

Е

123741 01-28-22

11190512 756668 004394

Department of the Treasury	
Internal Revenue Service	

Name of the organization

Schedu	ule A (Form 990-T) 2021				Page 2
Part	III Cost of Goods Sold Enter met	hod of inventory valuation	on 🕨		I
1					
2	Purchases				
3 4	Cost of labor			3	
4 5	Additional section 263A costs (attach statement)				
6	Other costs (attach statement)				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property	produced or acquired fo			Yes No
Part	· · · · · · · · ·		-		
1	Description of property (property street address, city, s	state, ZIP code). Check i	if a dual-use. See instr	uctions.	
	A				
	B				
	C				
	B	A	В	С	D
2	Rent received or accrued			v	
a	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here :	and on Part I line 6 o	olumn (A)	0.
-	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I, I	ine 6, column (B)		0.
Part	(0	ee instructions)			
1	Description of debt-financed property (street address, of A DEBT FINANCED REAL PR	city, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A DEBT FINANCED REAL PR				
	c 🗌				
	₽ □ □				
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	property	302,333.			
3	Deductions directly connected with or allocable				
	to debt-financed property	7 241 124			
a	Straight line depreciation (attach statement) STMT	7 241,124. 321,095.			
b	Other deductions (attach statement) STMT 8	521,095.			
С	Total deductions (add lines 3a and 3b, columns A through D)	562,219.			
4	Amount of average acquisition debt on or allocable	502,215.			
7	to debt-financed property (attach statement) STMT	9 1,880,000.			
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement) STMT 6 0	3,771,218.			
6	Divide line 4 by line 5	49.85%	%		%
7	Gross income reportable. Multiply line 2 by line 6 \dots	150,713.			
8	Total gross income (add line 7, columns A through D)). Enter here and on Par	t I, line 7, column (A)		150,713.
9	Allocable deductions. Multiply line 3c by line 6	280,266.			200 266
10	Total allocable deductions. Add line 9, columns A the Total dividends-received deductions included in line	-	on Part I, line 7, colur	nn (В)►	280,266.
11 123721 0		, 10		Sche	dule A (Form 990-T) 2021
120121 6	1-20-22	101		Sche	aaio A (i oini 330-1) 2021

2021.05080 CAL POLY CORPORATION

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											1
Schedu	ule A (Form 990-T) 2021 VI Interest, Annu	uities Ro	valties and B	ents fron	n Control	led Or	anization		o inotruot	iono)	Page 3
Fait			Jyanies, and ne				Exempt Contro	,	e instruct		
	1. Name of controlle	d	2. Employer	3. Net	unrelated	1	al of specified		rt of colur		6. Deductions directly
	organization		identification	incom	ne (loss)		nents made	that is	included	in the	connected with
		number	(see ins	tructions)				olling orga gross inc		income in column 5	
(1)									0		
(2)											
(3)											
<u>(4)</u>											
			No	1	Controlled O	-	ons				
7	. Taxable Income		Net unrelated come (loss)		otal of specif yments mad		10. Part of that is inc			11.	Deductions directly connected with
			e instructions)				controlling gross	organiz incom		ind	come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here				d columns 6 and 11. Fr here and on Part I,
							line 8, c		,		ine 8, column (B)
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7). (9). or (17)	Orgar	nization (s	ee inst	ructions)		
		cription of i		-(-//-//	2. Amou		3. Deductio		4. Set-	asides	5. Total deductions
					incor		directly conne (attach stater		(attach st	atemer	nt) and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	unte in					Add amounts in
					column 2						column 5. Enter
					here and o						here and on Part I,
Totals				•	line 9, colu	umn (A) 0					line 9, column (B) 0 •
Part	VIII Exploited F	xempt A	ctivity Income	. Other T	han Adve		a Income	see ing	structions		0.
1	Description of exploite			, 1							
2	Gross unrelated busin		e from trade or busi	ness. Enter	r here and o	n Part I.	line 10. colum	n (A)		2	
3	Expenses directly con										
	line 10, column (B)		-							3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen			-							
	4. Enter here and on F	Part II, line	12			·····				7	

Schedule A (Form 990-T) 2021

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		(Form 990-T) 2021					Page 4
Part		Advertising Income					
1	Nan	ne(s) of periodical(s). Check box if reporti	ng two or m	ore periodicals on	a consolidated basi	S.	
	AL						
	BL						
	C						
	DL						
Enter a	amoui	nts for each periodical listed above in the	correspond				
•	0		F	Α	<u> </u>	C	D
2		ss advertising income		11 oolump (A)			. 0.
-	Add	I columns A through D. Enter here and or	n Part I, line	11, column (A)			0.
а З	Diro	at advartising costs by pariodical	Г				
a a		ect advertising costs by periodical	L	11 column (P)			0.
a	Auu	Columns A through D. Enter here and or	i Fait I, iiie	п, сощини (в)			
4	Δdv	rertising gain (loss). Subtract line 3 from li	ine [
		for any column in line 4 showing a gain,					
		plete lines 5 through 8. For any column i	in				
		4 showing a loss or zero, do not complet					
		s 5 through 7, and enter zero on line 8					
5		idership costs					
6		ulation income					
7		ess readership costs. If line 6 is less than					
		5, subtract line 6 from line 5. If line 5 is le					
	thar	n line 6, enter zero					
8		ess readership costs allowed as a					
	ded	uction. For each column showing a gain	on				
	line	4, enter the lesser of line 4 or line 7	L				
а	Add	l line 8, columns A through D. Enter the g	greater of the	e line 8a, columns t	otal or zero here an	nd on	
<u> </u>		t II, line 13				🕨	• 0.
Part	X	Compensation of Officers, Di	rectors, a	and Trustees	(see instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
(4)						to business	unrelated business
(<u>1</u>)						%	
(<u>2)</u>						%	
<u>(3)</u> (4)						90	
(4)						/0	
Total	. Ente	er here and on Part II, line 1					0.
Part		Supplemental Information (s	ee instructio	ns)			

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1

990-T SCH	A POST-2017	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20 06/30/21	73,404. 122,895. 134,659.	0. 0. 0.	73,404. 122,895. 134,659.	73,404. 122,895. 134,659.
NOL CARRYO	VER AVAILABLE THIS Y	ZEAR	330,958.	330,958.

FORM 990-T (A)	PART V - UNRELATED	DEBT-FINANCED	INCOME	STATEMENT 5
	AVERAGE ACQU	ISITION DEBT		

DESCRIPTION OF DEBT-FINANCED PROPERTY DEBT FINANCED REAL PROPERTY RENTAL-TECH PARK	ACTIVITY NUMBER 1	AMOUNT OF OUTSTANDING DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		1,940,000. 1,940,000. 1,940,000. 1,940,000. 1,850,000. 1,850,000. 1,850,000. 1,850,000. 1,850,000. 1,850,000. 1,850,000. 1,850,000.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		22,560,000. 12
AVERAGE ACQUISITION DEBT		1,880,000.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A)	PART V - UNRELATED DEBT-FINANCED INCOME	STATEMENT 6
	AVERAGE ADJUSTED BASIS	

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	
DEBT FINANCED REAL PROPERTY RENTAL-TECH PARK	1	AMOUNT
AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON FIRST DAY OF AVERAGE ADJUSTED BASIS OF PROPERTY HELD ON LAST DAY OF Y		3,891,780. 3,771,218.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		3,831,499.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V -	DEPRECIAT	ION DEDUCTION		STATEMENT 7
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION -	SUBTOTAL -	1	241,124.	241,124.
TOTAL OF FORM 990-T, SCHEDULE	A, PART V,	LINE 3(A)		241,124.
FORM 990-T (A) PART	V - OTHER	DEDUCTIONS		STATEMENT 8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
INTEREST OTHER OPERATING EXPENSES - SUBTOTAL -	1	83,011. 238,084. 321,095.		321,095.

FORM 990-T (A) AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN		RTY	STATEMENT 9
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ACQUISITION DEBT - SUBTOTAL - DEBT FINANCED REAL PROPERTY RENTAL-TECH	1	1,880,000.	1,880,000.
PARK - SUBTOTAL -	1	1,880,000.	1,880,000.
TOTAL OF FORM 990-T, SCHEDULE A, PART V,	LINE 4		3,760,000.

FORM 990-T (A)	AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI		ERTY	STATEMENT 10
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
BASIS	- SUBTOTAL -	1	3,771,218.	3,771,218.
TOTAL OF FORM 990-	Γ, SCHEDULE A, PART V,	LINE 5		3,771,218.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service

Open to Public Inspection for

3

OMB No. 1545-0047

501(c)(3) Organizations Only

Α	Name of the	organizatio	n
	CAL	POLY	CORPORATION

453220 Unrelated business activity code (see instructions) С

Describe the unrelated trade or business CONTRACTED RETAIL SALES OTHER THAN FOR CONVEN

ΕI	Describe the unrelated trade or business CONTRACTED R	ETA	IL SALES OTHE	<u>SR THAN FOR C</u>	CONVEN
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 61,784.				
b		1c	61,784.		
2	Cost of goods sold (Part III, line 8)	2	45,708.		
3	Gross profit. Subtract line 2 from line 1c	3	16,076.		16,076.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 11	12	273,994.		273,994.
13	Total. Combine lines 3 through 12	13	290,070.		290,070.

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

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	40,730.
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement). See instructions	5	
6	Taxes and licenses	6	1,811.
7	Depreciation (attach Form 4562). See instructions 7 17,902		
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	17,902.
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	22,981.
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement) SEE STATEMENT 12	14	183,849.
15	Total deductions. Add lines 1 through 14	15	267,273.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	22,797.
17	Deduction for net operating loss. See instructions	17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	22,797.
I HA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2021

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107 2021.05080 CAL POLY CORPORATION

B Employer identification number

of

2

95-1648180

D Sequence:

A . I	1. A (E				D
Sched Part	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter meth	od of inventory valuat		L METHOD	Page 2
1	Inventory at beginning of year				4,563.
2	Purchases				48,168.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				52,731.
7	Inventory at end of year			7	7,023.
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	ere and in Part I, line 2	2		45,708.
9	Do the rules of section 263A (with respect to property p				Yes X No
Part		· · · · ·	-		
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See instr	uctions.	
	B				
	D	•	В	С	D
2	Rent received or accrued	Α	D	U	U
2 a	From personal property (if the percentage of				
a	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
~	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4 5	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				0.
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) (Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, co A B	ter here and on Part I, ee instructions)	line 6, column (B)	>	0.
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) (Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C	ter here and on Part I, ee instructions)	line 6, column (B)	>	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) (Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, co A B	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) (Total deductions. Add line 4 columns A through D. En V Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C D	ter here and on Part I, ee instructions)	line 6, column (B)	>	
4 5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> 1 2	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 <u>5</u> 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	instructions.	0.
4 5 Part 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	instructions.	D
4 5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	c	D
4 <u>5</u> 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) Pheck if a dual-use. See B B %	c	D
4 5 Part 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) Pheck if a dual-use. See B B %	c	D
4 5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Part %	line 6, column (B) Check if a dual-use. See B B Check if a dual-use. See Check if a dual-u	C	0. 0.
4 5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Part % Enter here and on Part bugh D. Enter here and	line 6, column (B) Check if a dual-use. See B B Check if a dual-use. See Check if a dual-u	C C % mn (B)▶	0. 0.

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^{2021.05080} CAL POLY CORPORATION

2 Image: Section 501(c)(7), (9), or (17) Organization for column 4) Image: Section 501(c)(7), (9), or (17) Organization for column 6) 3 Image: Section 501(c)(7), (9), or (17) Organization for column 6) Image: Section 501(c)(7), (9), or (17) Organization for column 6) 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 for gross income 11. Deductions directly connected with income in column 10 10. Image: Section 501(c)(7), (9), or (17) Organization (see instructions) Image: Section 501(c)(7), (9), or (17) Organization (see instructions) Add columns 6 and 11. Enter here and on Part I, line 8, column (A) 10. Image: Section 501(c)(7), (9), or (17) Organization (see instructions) Image: Section 501(c)(7), (9), or (17) Organization (see instructions) S. Total deductions and set-asides (add cols 3 and 4) 11. Image: Section 501(c)(7), (9), or (11) Organization (see instructions) Image: Section 501(c)(7), (9), or (11) Organization (see instructions) S. Total deductions and set-asides (add cols 3 and 4) 11. Image: Section 501(c)(7), (9), or (11) Organization (see instructions) Image: Section 501(c)(7), (9), or (11) Organization (see instructions) S. Total deductions and set-asides (add cols 3 and 4) 11. Image: Section 501(c)(7), (9), or (11) Organization (sec instructions) Image: Sectin 50(c)(c)(c)(c)(c)(c)(c)(c)(2
1. Name of controlled organization 2. Employer identification number 3. Net urrelated income (loss) (see instructions) 4. Total of specified payments made based in the base included in the total is included in the income in column 5 income is income 11. Deductions directly connected with income in column 10 income in c	Schedu	ule A (Form 990-T) 2021	uition Dr	waltice and D	onto fron	n Control	lad Or	agnization	• (-			Page 3
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (ioss) (see instructions) 4. Total of specified payments made 5. Part of column 4 borts gross income 6. Deductions directly connected with income in column 5 10. 10	Part	VI IIILEIESI, AIIII		byanies, and ne		Control		-			,	
organization identification number income (loss) (see instructions) payments made that is included in the controlling organizations connected with income in column 5 1) Image: Structure in the income in column 5 Image: Structure income i		1. Name of controlle	d	2. Employer	3. Net	unrelated		•	1	<u> </u>		
number (see instructions) tion's grôss income income in column's 11 ion's grôss income income in column's 22 ion's grôss income income (or s) ion's grôss income ion's grôss income 31 ion's grôss income 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's grôss income 11. Deductions directly connected with income in column 10 10 income (loss) gross income 11. Deductions directly connected with income in column 10 11 income (loss) gross income 11. Deductions directly connected with income in column 10 10 income (loss) gross income 11. Deductions directly connected with income in column 10 10 income (loss) gross income 0. 0. 10 income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 4. Set asides and 11. Inter here and on Part I, line 8, column (B) 5. Total deductions and e4-asides (atach statement) 10 income 2. Amount of income 3. Deductions (atach statement) 6. did ado on an 5. Enter here and on Part I, line 8, column (B) 11 income (loss) 0. 0. 0. 0. 11 income (loss)			-					•	that is	s included	in the	
1) Image: Constrolled Constrolled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is miculed in the column 10 grass income 11. Deductions directly connected with income in column 10 10. (see instructions) 9. Total of specified payments made 10. Part of column 9 that is miculed in the column 10 11. Deductions directly connected with income in column 10 11. (see instructions) 9. Total of specified payments made 11. Deductions directly connected with income in column 10 11. (see instructions) 11. Deductions directly connected with income in column 10 11. Deductions directly connected (income directly connected (intert here and on Part I, line 8, column (A) Add columns 5 and 10. Enter here and on Part I, line 8, column (B) 0. 10. 10. Description of income 2. Amount of income 3. Deductions 4. Setasides (add cols 3 and 4) 11. 10. Description of income, Other Than Advertising Income (see instructions) 0. Add amounts in column 2. Enter here and on Part I, line 9, column (B) 10. 2 0. 0. Add amounts in column 2. Enter here and on Part I, line 9, column (B) 10. 2				number	(see ins	structions)						income in column 5
3] Nonexempt Controlled Organizations 11. Deductions directly connected with income loss) (see instructions) 7. Taxable Income 8. Net urrelated 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's income in column 10 10. 9. Total of specified (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's income in column 10 11. 9. Total of specified (see instructions) 9. Total of specified at the controlling organization's income in column 10 12. 9. Total of specified (see instructions) 4. Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 5. Total deductions 6 and 11. Enter here and on Part I, line 8, column (B) 10. 10. Description of income 2. Amount of income 3. Deductored (attach statement) 6. Statide declutions and set-saides (add cols 3 and 4) 11. 9. Add amounts in column 2. Enter here and on Part I, line 8, column (A) 4. Add amounts in column 2. Enter here and on Part I, line 9, column (A) 4. Add amounts in column 2. Enter here and on Part I, line 9, column (A) 4. Add amounts in column 2. Enter here and on Part I, line 9, column (A) 5. Total deductions in column 2. Enter here and on Part I, line 9, column (A) 4. Add amounts in column 2. Enter here and on Part I, line 9, column (A) 2. 1 Description of exploited actinkity: 9. C	(1)									0		
(4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1)	(2)											
Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 10. 21 2 21	(3)											
7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 11.	<u>(4)</u>											
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1				. ,	pa	yments mau	e	controlling organization's		ind		
22 3	(1)		(,				gross	Incon	10		
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2)										anaon s	atemer	
2)	(1)											
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5 Gross income from activity that is not unrelated business income 5 6 Expenses attributable to income entered on line 5 6	4											
6 Expenses attributable to income entered on line 5	5											
4. Enter here and on Part II, line 12										<u></u>	7	

Schedule A (Form 990-T) 2021

123731 01-28-22

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11190512 756668 004394

	ule A (Form 990-T) 2021					Page 4
Part						
1	Name(s) of periodical(s). Check box if reporting	ng two or more pe	eriodicals on a	a consolidated basis	S.	
	A [
	B					
	с Ц					
Entor		corresponding	alumn			
Entera	amounts for each periodical listed above in the		A	В	С	D
2	Gross advertising income				Ŭ	
~	Add columns A through D. Enter here and or		olumn (A)	I		. 0.
а	And columns A through D. Enter here and or				•	
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here and or		olumn (B)	1		. 0.
		,,			·······	
4	Advertising gain (loss). Subtract line 3 from li	ine				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	in				
	line 4 showing a loss or zero, do not complet	te				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g		Ba, columns t	otal or zero here an	d on	0
Part	Part II, line 13 X Compensation of Officers, Di	rootors and]	Fructooc	·····		. 0.
Fait	Compensation of Officers, Di		Tuslees	see instructions)	2 Deveentage	1 Componentian
	1. Name		2. Title		3. Percentage of time devoted	 Compensation attributable to
	I. Name		z. Inte		to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
<u></u>		•				
Total	. Enter here and on Part II, line 1					0.
Part		ee instructions)				

123732 01-28-22

2

CAL POLY CORPORATION

95-1648180

2,753.

183,849.

FORM 990-T (A)	OTHER	INCOME	STATEMENT 11
DESCRIPTION			AMOUNT
CONTRACTED RETAIL SAL	ES REVENUE		273,994.
TOTAL TO SCHEDULE A,	PART I, LINE 12		273,994.
FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 12
DESCRIPTION			AMOUNT
ADMINISTRATIVE CHARGE OTHER OPERATING COSTS RENT EXPENSE UTILITIES			1,843. 3,434. 166,255. 8,910.

RENT EXPENSE UTILITIES FACILITY FEES COMMISSIONS EXPENSE

TOTAL TO SCHEDULE A, PART II, LINE 14

FORM 990-T	DESCRIPTION OF ORGANIZATION'S	UNRELATED	STATEMENT 13
SCHEDULE A	BUSINESS ACTIVIT	Y	

CONTRACTED RETAIL SALES OTHER THAN FOR CONVENIENCE OF STUDENTS.

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH 2	A POST	-2017 NET	OPERATING	LOSS DEDUCTION	STATEMENT 14
TAX YEAR	LOSS SUSTAINE	PREV	LOSS /IOUSLY PPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20 06/30/21	4,479 45,540 47,912	•	0. 0. 0.	4,479 45,540 47,912	. 45,540.
NOL CARRYO	VER AVAILABLE I	HIS YEAR		97,931	. 97,931.

11190512 756668 004394

SCHE	DULE	Α
(Form	990-1	Γ)

Department of the Treasury

Internal Revenue Service

Ε

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

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

3

Α	Name of the	0	
	CAL	POLY	CORPORATION

C Unrelated business activity code (see instructions) ► 323100

Describe the unrelated trade or business NON-UNIVERSITY RELATED PRINT AND COPY SALES

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 8,947.				
b	Less returns and allowances c Balance >	1c	8,947.		
2	Cost of goods sold (Part III, line 8)	2	2,444.		
3	Gross profit. Subtract line 2 from line 1c	3	6,503.		6,503.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	6,503.		6,503.

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

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	4,659.
3	Repairs and maintenance		3	1,345.
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions 7	189.		
8	Less depreciation claimed in Part III and elsewhere on return		8b	189.
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	1,642.
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE STATE	MENT 15	14	1,661.
15	Total deductions. Add lines 1 through 14		15	9,496.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13	8,		
	column (C)		16	-2,993.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-2,993.
LHA	For Paperwork Reduction Act Notice, see instructions.	s	chedu	le A (Form 990-T) 2021

B Employer identification number 95-1648180

3

of

D Sequence:

Sched Part	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter meth			L METHOD	Page 2
1	Entermot	od of inventory valuat			0.
2	Inventory at beginning of year Purchases				2,444.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				2,444.
7	Inventory at end of year				0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				2,444.
9	Do the rules of section 263A (with respect to property p				Yes X No
Part					
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See instr	ructions.	
	A 🗌	, ,			
	в 🔄				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A) 🕨	0.
3		through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
3 4	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
4 5	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I,			0.
4 5 Part	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (see	ter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c	ter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions)	line 6, column (B)	······	
4 5 Part	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> Part 1	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> 1 2 3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 <u>5</u> <u>Part</u> 1 2 3 a b	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) heck if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c 4	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) ity, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	e instructions.	0.
4 5 Part 1 2 3 a b c 4	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, e instructions) ity, state, ZIP code). C	line 6, column (B) Check if a dual-use. See	e instructions.	0.
4 5 7 1 2 3 a b c 4 5	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (set Description of debt-financed property (street address, c A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) Pheck if a dual-use. See B B %	c %	D
4 <u>5</u> 1 2 3 a b c 4 5 6	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income (set Description of debt-financed property (street address, c A	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) Pheck if a dual-use. See B B %	c %	0.
4 5 Part 1 2 3 a b c 4 5 6 7 8	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income Description of debt-financed property (street address, composition of debt-financed property (street address, composition of debt-financed property (street address), composition of allocable to debt-financed property D	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A	line 6, column (B) Pheck if a dual-use. See B B %	c %	D
4 5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income B	ter here and on Part I, ee instructions) ity, state, ZIP code). C A A Enter here and on Part %	line 6, column (B) Check if a dual-use. See B B Check if a dual-use. See Check if a dual-u	c	D 2%
4 5 Part 1 2 3 a b c 4 5 6 7 8	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Em V Unrelated Debt-Financed Income Description of debt-financed property (street address, composition of debt-financed property (street address, composition of debt-financed property (street address), composition of allocable to debt-financed property D	A Enter here and on Part I, ter instructions) ity, state, ZIP code). C A Second State, ZIP code). C Second State, ZIP code, ZIP code). C Second State, ZIP code, ZI	line 6, column (B) Check if a dual-use. See B B Check if a dual-use. See Check if a dual-u	e instructions. C M M M M M M M M M M M M	D 2%

2021.05080 CAL POLY CORPORATION

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											3
Schedu Part	ule A (Form 990-T) 2021	uties Rovalties	and R	ents fron	n Control	led Or	ganizations	S (64	ee instruct	ions)	Page 3
T art			, and m				Exempt Control	,		,	
	1. Name of controlle	d 2. Er	nployer	3. Net 1			al of specified 5. Part of colu		-		
	organization		ification	incom	ne (loss)	payments made		that is	included	in the	connected with
		nu	mber	(see ins	tructions)				olling orga s gross inc		income in column 5
(1)											
(2)											
(3)											
(4)											
					ontrolled O	-					<u> </u>
7	7. Taxable Income 8. Net unrelate income (loss				otal of specif /ments mad		10. Part of that is inc	luded	in the	11.	Deductions directly connected with
		(see instruct	,					controlling organization's gross income		income in column 10	
(1)											
(2)											
(3)											
(4)											
							Add colum				d columns 6 and 11.
							Enter here line 8, c		,		er here and on Part I, line 8, column (B)
									. ,		-
Totals Part	VII Invoctmont I	Income of a Se	otion 50	1(0)(7) (0	(17)		jization (0.		0.
Tart		cription of income		/ (c)(<i>/</i>), (a	2. Amou		3. Deduction		ructions) 4. Set-	aaidaa	5. Total deductions
	1. 2000				incon		directly conne (attach stater	ected	(attach st		
(1)											
(2)											
(3)											
(4)											
					Add amou column 2						Add amounts in column 5. Enter
					here and o	n Part I,					here and on Part I,
					line 9, colu	-					line 9, column (B)
Totals Part		xempt Activity	Incomo	Othor T	ban Adve	0.		,			0.
1	Description of exploite		meome	, ouler I		ะ แอแม		see ins	structions)		
2	Gross unrelated busin		ade or busi	iness Enter	here and o	n Part I	line 10. colum	n (Δ)		2	
3	Expenses directly con									-	
-	line 10, column (B)	-								3	
4	Net income (loss) from										
										4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expension										
	4. Enter here and on P	Part II, line 12								7	

Schedule A (Form 990-T) 2021

123731 01-28-22

	ule A (Form 990-T) 2021					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reporting	ng two or more perioc	licals on a co	onsolidated basis.		
	A 🛄					
	в					
	c 🔄					
	D					
Enter a	amounts for each periodical listed above in the	corresponding colum	in.			
		A	۱ I	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	Part I, line 11, colum	n (A)		►	0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	Part I, line 11, colum	n (B)		►	0.
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i	n				
	line 4 showing a loss or zero, do not complet	e				
	lines 5 through 7, and enter zero on line 8 \dots					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ss				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7 \dots					
а	Add line 8, columns A through D. Enter the g					•
Devt	Part II, line 13	we at a way a mail True				0.
Part	X Compensation of Officers, Di	rectors, and trus	slees (see	e instructions)	• • •	
			o		3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
(4)					to business	unrelated business
(<u>1</u>)					%	
(<u>2</u>)					%	
<u>(3)</u>					%	
<u>(4)</u>					%	
Total	. Enter here and on Part II, line 1					0.
Part			<u></u>			
i uit						
-						

123732 01-28-22

004394_1

CAL POLY CORPORATION

95-1648180

FORM 990-T (A)	OTHER	DEDUCTIONS	STATEMENT 15
DESCRIPTION			AMOUNT
ADMINISTRATIVE CHARGES IT FEES OTHER OPERATING COSTS UTILITIES			1,142. 233. 230. 56.
TOTAL TO SCHEDULE A, PART II, I	LINE 14		1,661.

990-T SCH 2	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 16
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	11,130.	0.	11,130.	11,130.
NOL CARRYO	VER AVAILABLE THIS	YEAR	11,130.	11,130.

Form 4562	
Department of the Treasury Internal Revenue Service	(99
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

A PG1

Attach to your tax return.

OMB No. 1545-0172 L

Attachment Sequence No. 179

Go to www.irs.gov/Form4562 for instruct	ctions and the latest information.
	Business or activity to which this form relates

Identifying number

2

					RETAIL		
CAL POLY CORPORATION							N 95-1648180
Part I Election To Expense Certain Property Uno	ler Section 179 Note:	If you have	any listed pr	operty, c	complete Part		
							1,050,000.
2 Total cost of section 179 property placed in a							
3 Threshold cost of section 179 property befor							2,620,000.
4 Reduction in limitation. Subtract line 3 from I	ine 2. If zero or less,	enter -0					
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zer	o or less, enter -0 If marrie				<u></u>	5	
6 (a) Description of property		(b) Cos	st (business use	only)	(c) Elected c	ost	
7 Listed property. Enter the amount from line 2				7		_	
8 Total elected cost of section 179 property. A							
9 Tentative deduction. Enter the smaller of lin							
10 Carryover of disallowed deduction from line							
11 Business income limitation. Enter the smaller							
12 Section 179 expense deduction. Add lines 9						12	
13 Carryover of disallowed deduction to 2022. A			>	13			
Note: Don't use Part II or Part III below for listed							
Part II Special Depreciation Allowance a		•					
14 Special depreciation allowance for qualified p	property (other than li	isted prope	rty) placed in	service	during		
the tax year							
15 Property subject to section 168(f)(1) election							17 000
					<u></u>	16	17,902.
Part III MACRS Depreciation (Don't inclu	de listed property. Se						
		Section A	-			47	
17 MACRS deductions for assets placed in serv		-			► Γ	17	
18 If you are electing to group any assets placed in service duri Section B - Assets Place						ion Svoton	<u></u>
		sis for deprecia	tion			lion System	
(a) Classification of property	year placed (busin	ess/investment - see instruction	use (u)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
10- 3 year property			,		_		
19a 3-year property b 5-year property							
7							
c 7-year property d 10-year property							
45							
e 15-year property f 20-year property							
05				5 yrs.		S/L	
g 25-year property	/			.5 yrs.	MM	S/L	
h Residential rental property	/			.5 yrs.	MM	S/L	
	/			9 yrs.	MM	S/L	
i Nonresidential real property	/			9 yrs.	MM	S/L	
Section C - Assets Placed	t in Service During 2	2021 Tax Ye	ear Using th	e Altern			em
20a Class life						S/L	
b 12-year			1	2 yrs.		S/L	
c 30-year	/			0 yrs.	MM	S/L	
d 40-year	, ,			0 yrs.	MM	S/L	
Part IV Summary (See instructions.)	· I		1		1		
21 Listed property. Enter amount from line 28						21	
22 Total. Add amounts from line 12, lines 14 th							
Enter here and on the appropriate lines of yo	-					22	17,902.
23 For assets shown above and placed in service							.,
portion of the basis attributable to section 26		,,	<u></u>	23			

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate instructions. 11190512 756668 004394 2021.05080 CAL POLY CORPORATION

Part V Listed Prope			ORPO								30-	1648	100	Page 2
		utomobiles, ce or amusement.)		er vehic	les, cert	ain aircr	aft, and	property	used for					
Note: For any	vehicle for w	hich you are us	sing the						e expense	e, comp	olete on	ly 24a,		
· · · · · ·	e	c) of Section A,												
		on and Other I					<u> </u>							
24a Do you have evidence to			nt use cla	imed?		es [<u>No</u>	24b lf "Y					_ Yes ∟	<u>No</u>
(a) Type of property	(b) Date	(c) Business/		(d)	Bas	(e) is for depre	ciation	(f) Recovery	Met	3)		h) ciation		(i) cted
(list vehicles first)	placed in	investment	ot	Cost or her basis	(bus	iness/inve use only	stment	period	Conve			uction	sectio	on 179
	service	use percentag			<u> </u>			-					C	ost
25 Special depreciation al		•		•		•				0.5				
used more than 50% ir 26 Property used more th				<u></u>	<u></u>		<u></u>	<u></u>		25				
26 Property used more in	an 50% in a q								1		1			
		9												
	: :	9												
- Droporty upod 500/ or		%												
Property used 50% or	less in a quali	I							0/1					
		9							S/L -					
	: :	9							S/L ·					
		9							S/L -					
8 Add amounts in colum														
9 Add amounts in colum	in (i), line 26. E								<u></u>			29		
		-		3 - Infor										
complete this section for v													/ehicles	
o your employees, first an	swer the ques	stions in Sectio	n C to s	ee if you	meet a	1 except	ion to c	ompletin	ig this se	ction fo	r those v	ehicles.		
						,								
· · · · · ·			-	a) 	-)		(c)	(c	-	-	e)		f)
• Total business/investmen		0	Veh	ICIE	Ver	licle	Ve	hicle	Veh	cle	Ver	nicle	Ver	nicle
year (don't include comm														
Total commuting miles														
2 Total other personal (n	•	·												
driven														
3 Total miles driven durir	• •													
Add lines 30 through 3														
34 Was the vehicle availa			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?														
35 Was the vehicle used														
than 50% awnor or rolat	ted nerson?													
than 5% owner or relat														
6 Is another vehicle avail	lable for perso													
	lable for perso													
6 Is another vehicle avail use?	lable for perso Section C	- Questions fo												
6 Is another vehicle avail use?	Section C determine if y	- Questions fo										ren't		
6 Is another vehicle avail use? Answer these questions to nore than 5% owners or re	able for perso Section C determine if y elated persons	- Questions fo /ou meet an ex s.	ception	to comp	oleting S	ection E	for veh	iicles use	d by em	oloyees	who a i	ren't		
 Is another vehicle availuse? Answer these questions to nore than 5% owners or res To you maintain a writ 	Section C determine if y elated persons ten policy stat	- Questions for you meet an ex s. tement that pro	ception hibits a	to comp I person	al use o	ection E f vehicle	s, inclue	iicles use ding com	ed by emp	oloyees	who ai	ren't	Yes	No
 Is another vehicle availuse? Answer these questions to nore than 5% owners or rest Do you maintain a writemployees? 	Section C determine if y elated persons ten policy stat	- Questions for you meet an ex s. tement that pro	ception hibits al	to comp	oleting S al use o	ection E f vehicle	for veh	iicles use	ed by emp	oloyees oy your	who ai	ren't	Yes	No
 36 Is another vehicle availuse? Answer these questions to nore than 5% owners or res 37 Do you maintain a writ employees? 38 Do you maintain a writ 	Section C Section C determine if y elated persons ten policy stat	- Questions for you meet an ex s. tement that pro-	ception hibits al hibits p	to comp I person ersonal (al use of ve	f vehicle	s, inclue	ding com	ed by emp imuting, l ng, by yo	oloyees oy your	who ai	ren't	Yes	No
 36 Is another vehicle availuse? Answer these questions to nore than 5% owners or res 37 Do you maintain a writemployees? 38 Do you maintain a writemployees? See the in 	Section C Section C o determine if y elated persons ten policy stat ten policy stat astructions for	- Questions for you meet an ex tement that pro- tement that pro- vehicles used	ception whibits all whibits p by corpo	to comp l person ersonal i prate off	al use of ve	f vehicle	s, inclue	ding com	ed by emp imuting, l ng, by yo	bloyees by your ur	who ai			No
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 36 Is another vehicle availuse? Answer these questions to more than 5% owners or resonance that a write the second se	Section C Section C determine if y elated persons ten policy stat ten policy stat structions for vehicles by er han five vehic	- Questions for you meet an ex s. tement that pro- vehicles used mployees as pe les to your emp	ception hibits al hibits p by corpo rsonal u bloyees,	I person ersonal i orate off ise?	al use of use of ve icers, dii	f vehicle hicles, o rectors, on from	s, inclue s, inclue except o or 1% o your en	ding com commutii r more o nployees	ed by emp imuting, l ing, by yo wners about	bloyees by your ur	who a ı			No
 36 Is another vehicle availuse? Answer these questions to nore than 5% owners or resonance that a write and the second secon	Section C Section C determine if y elated persons ten policy stat istructions for vehicles by er han five vehic , and retain th	- Questions for you meet an ex s. tement that pro- tement that pro- vehicles used mployees as pe les to your emp e information r	ception whibits all whibits p by corport rsonal u oloyees, eceived	to comp I person ersonal i prate off ise? obtain ii ?	al use of use of ve icers, din	ection E f vehicle ehicles, o rectors, on from	s, inclue s, inclue except o or 1% o your en	ding com commuti r more or	ed by emp imuting, l ing, by yo wners about	bloyees	who a ı			No
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 6 Is another vehicle availuse? answer these questions to hore than 5% owners or reformed than 5% owners or reformed to a second sec	Section C Section C o determine if y elated persons ten policy stat istructions for vehicles by er han five vehic , and retain the rements conce o 37, 38, 39, 4	- Questions for you meet an ex s. tement that pro- tement that pro- vehicles used nployees as pe- les to your emp e information r erning qualified	ception whibits a whibits p by corport rsonal u ployees, eceived I automo s," don't	I personal i ersonal i prate off ise? obtain ii ?	al use of veri use of veri icers, dir nformati nonstrat	f vehicles, ehicles, ectors, on from	s, inclue s, inclue except o or 1% o your en	icles use ding com commutii r more or nployees <u>ered veh</u>	ed by emp imuting, l ng, by yo wners about	bloyees by your ur	who a ı			No
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 6 Is another vehicle availuse? answer these questions to hore than 5% owners or reference of the second second	Section C Section C determine if y elated persons ten policy stat net policy stat ten policy stat of costs	- Questions for you meet an ex s. tement that pro- vehicles used mployees as pe- les to your emp e information r erning qualifiec 0, or 41 is "Yes	ception whibits a bhibits p by corpo rsonal u bloyees, eceived automo s," don't (b) mortization begins	to comp I personal of prate off ise? obtain ir comple	al use of veri use of veri icers, dir nformati nonstrat	ection E f vehicle whicles, or rectors, on from ion use on B for	s, inclue s, inclue except o or 1% o your en	icles use ding com commutii r more or nployees ered veh (d)	ed by emp imuting, l ing, by yo wners about icles.	bloyees by your ur	who a			No
 6 Is another vehicle availuse? nswer these questions to nore than 5% owners or reformed to a second sec	Section C Section C determine if y elated persons ten policy stat net policy stat ten policy stat of costs	- Questions for you meet an ex s. tement that pro- vehicles used mployees as pe- les to your emp e information r erning qualifiec 0, or 41 is "Yes	ception whibits a bhibits p by corpo rsonal u bloyees, eceived automo s," don't (b) mortization begins	to comp I personal of prate off ise? obtain ir comple	al use of ve use of ve icers, dii nonstrati te Sectio	ection E f vehicle whicles, or rectors, on from ion use on B for	s, inclue s, inclue except o or 1% o your en	ding com commuti r more or nployees ered veh	ed by emp imuting, l ing, by yo wners about icles.	bloyees by your ur (e) Amortiza	who a		(f)	No
 6 Is another vehicle availuse? answer these questions to hore than 5% owners or restricted available of the second available of the	Section C Section C determine if y elated persons ten policy stat net policy stat ten policy stat of costs	- Questions for you meet an ex s. tement that pro- vehicles used mployees as pe- les to your emp e information r erning qualifiec 0, or 41 is "Yes	ception whibits a bhibits p by corpo rsonal u bloyees, eceived automo s," don't (b) mortization begins	to comp I personal of prate off ise? obtain ir comple	al use of ve use of ve icers, dii nonstrati te Sectio	ection E f vehicle whicles, or rectors, on from ion use on B for	s, inclue s, inclue except o or 1% o your en	ding com commuti r more or nployees ered veh	ed by emp imuting, l ing, by yo wners about icles.	bloyees by your ur (e) Amortiza	who a		(f)	No
 6 Is another vehicle availuse? answer these questions to hore than 5% owners or reformed than 5% owners or reformed to a second sec	Section C Section C o determine if y elated persons ten policy stat istructions for vehicles by er han five vehic , and retain th rements conce o 37, 38, 39, 4 of costs	- Questions for you meet an existence of the second	ception whibits a whibits p by corporent rsonal u ployees, eccived a automo s," don't (b) tax yea tax yea	to comp I personal i prate off ise? obtain ii ? 	al use of ve use of ve icers, dii nonstrati te Sectio	ection E f vehicle whicles, or rectors, on from ion use on B for	s, inclue s, inclue except o or 1% o your en	ding com commuti r more or nployees ered veh	ed by emp imuting, l ing, by yo wners about icles.	bloyees by your ur (e) Amortiza	who and the second seco		(f)	No
 Is another vehicle availuse? Answer these questions to nore than 5% owners or restrict the sequestions and the sequestion of the sequestio	Section C Section C o determine if y elated persons ten policy stat istructions for vehicles by er han five vehic , and retain th rements conce o 37, 38, 39, 4 of costs that begins du	- Questions for you meet an ex- sement that pro- tement that pro- vehicles used nployees as pe- les to your emp e information r erning qualified 0, or 41 is "Yes Date: rring your 2021	ception whibits al whibits p by corporent provide the second of the second to provide the second of the second to the second to	to comp I personal i parate off ise?	al use of vericers, dirights of the section of the	ection E f vehicle phicles, rectors, on from ion use on B for	s, inclue s, inclue except of or 1% o your en the cov	icles use ding com commutii r more or nployees <u>ered veh</u> (d) Code section	ed by emp imuting, l ing, by yo wners about icles.	bloyees by your ur (e) Amortiza eriod or per	who a		(f)	No

Form 4562	
Department of the Treasury Internal Revenue Service	(99)

Depreciation and Amortization (Including Information on Listed Property)

A PG1

OMB No. 1545-0172 202

Attach to your tax return.

Attachment Sequence No. **179** Go to www.irs.gov/Form4562 for instructions and the latest information.

3

Name	e(s) shown on return			Busine	ss or act	tivity to wh	ich this form relates	6	Identifying number
							SITY RE		
	L POLY CORPORATION						COPY SA		95-1648180
	ITTI Election To Expense Certain Prope	erty Under Section 17	9 Note: If you	have any lis	ted pr	operty,	complete Part		
	Maximum amount (see instructions)								1,050,000.
	Total cost of section 179 property plac								2 620 000
	Threshold cost of section 179 property			~					2,620,000.
	Reduction in limitation. Subtract line 3								
	Dollar limitation for tax year. Subtract line 4 from line (a) Description of p		If married filing s	(b) Cost (busine			(c) Elected (
6		Topoldy				Silly)	(0) 2100100		
7	Listed property. Enter the amount fron	n line 29				7			
	Total elected cost of section 179 prop		in column (c)					8	
	Tentative deduction. Enter the smalle								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the					-			
	Section 179 expense deduction. Add I		•		-				
	Carryover of disallowed deduction to 2					13			
	e: Don't use Part II or Part III below for								
Pa	IT II Special Depreciation Allowa	ance and Other De	preciation (D	on't include	e listed	d proper	ty.)		
14	Special depreciation allowance for qua	alified property (oth	er than listed p	property) pla	ced in	service	during		
	the tax year						-	. 14	
15	Property subject to section 168(f)(1) el	ection							
16	Other depreciation (including ACRS)							16	189.
Pa	MACRS Depreciation (Don'	t include listed prop	perty. See inst	ructions.)					
			Sec	tion A					
17	MACRS deductions for assets placed	in service in tax yea	ars beginning I	before 2021				17	
18	If you are electing to group any assets placed in service						►		
	Section B - Assets				lsing t	the Gen	eral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see in:	estment use	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property								
b	5-year property								
C	7-year property								
d	10-year property								
e	15-year property								
f	20-year property								
<u> </u>	25-year property					5 yrs.		S/L	
h	Residential rental property	/				'.5 yrs.	MM	S/L	
		/				'.5 yrs.	MM	S/L	
i	Nonresidential real property	/			3	9 yrs.	MM	S/L	
	Section C - Assets	/ /	During 0001 1		in a th		MM	S/L	
		Placed in Service	Juring 2021	lax fear Us	ing th	e Alterr			em
<u>20a</u>						0.1/20		S/L	
b		,				2 yrs.		S/L	
	· · · · · · · · · · · · · · · · · · ·	/				0 yrs. 0 yrs.	MM	S/L	
d Pa	40-year Irt IV Summary (See instructions.)	/			4	o yis.	MM	S/L	
	- ,	o 28						0.4	
	Listed property. Enter amount from lin Total. Add amounts from line 12, lines		10 and 20 i		and			21	
	Enter here and on the appropriate lines	-							189.
	For assets shown above and placed in				0115 - 5		<u>.</u>	22	107.
	portion of the basis attributable to sec					23			
			<u></u>	<u></u>		1			

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2021)		POLY C									95-	1648	180	Page 2
Part V Listed Proper entertainment	ty (Include au	utomobiles, ce	rtain oth	ner vehic	les, cert	ain aircr	aft, and	d property	used fo	or				
Note: For any	· ,		,	standar	d milead	e rate o	r deduo	cting leas	e expen	se, com	olete on	lv 24a,		
24b, columns	(a) through (c) of Section A,	all of Se	ection B	, and Se	ction C	if appli	cable.						
	-	on and Other I			ution: S	See the i							<u> </u>	
24a Do you have evidence to	T.,		nt use cla	timed?	<u> </u>	es 🔄	No	24b lf "Y	<u>'es," is t</u>	he evide	nce writt	en?	_ Yes ∟	No
(a)	(b) Date	(c) Business/		(d)	Boo	(e) sis for depre	nintion	(f)		(g)		h)		(i)
Type of property (list vehicles first)	placed in	investment	ot	Cost or	(bu	siness/inve		Recovery period		ethod/ vention		ciation uction		ected on 179
	service	use percentag	je ^{UL}	her basis		use only	()	periou			ueut			ost
25 Special depreciation all	owance for q	ualified listed p	oroperty	placed	in servic	e during	the tax	x year and	d					
used more than 50% in	a qualified bu	usiness use						<u></u>		25				
26 Property used more that	in 50% in a qi	ualified busine	ss use:						_		-			
	: :	9	6											
	: :	9	6											
	: :	9	6											
7 Property used 50% or le	ess in a qualif	ied business u	ise:		•				•		•			
· · ·	: :	9	6						S/L -					
	: :		6						S/L -					
			6						S/L -				1	
8 Add amounts in columr	(h) lines 25			and on	line 21	nage 1				28			1	
9 Add amounts in column												29		
	i (i), iiile 20. L					on Use						23	·	
Complete this section for ve	biolog upod k	-							r rolatad	noroon	If you pr	ovided v	(obiolog	
•										•			/enicies	
o your employees, first ans	wer the ques	tions in Sectio	on C to s	ee if you	i meet a	n excep	tion to	completir	ig this s	ection to	or those v	enicies.		
				-)		1-)		(-)		(-I)		-)	<u> </u>	
				a)	-	b)		(c)		(d)	-	e)		f)
O Total business/investment		0	Ver	nicle	Vei	hicle	V	ehicle	Ve	hicle	Ver	nicle	Ver	nicle
year (don't include commu													 	
1 Total commuting miles													 	
2 Total other personal (no	oncommuting) miles											1	
driven														
3 Total miles driven durin	g the year.												1	
Add lines 30 through 32	2													
34 Was the vehicle availab	le for persona	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?														
5 Was the vehicle used p														
than 5% owner or relate													1	
6 Is another vehicle availa														
													1	
use?		- Questions for	or Empl	overs M	/ho Prov	vide Veh	icles f	or Lise by	/ Their I	- Employe		1		L
nswer these questions to												ron't		
nore than 5% owners or rel			ception	to com	Sieting a		o ior ve	nicles use	eu by en	pioyees	swiio di	ent		
			abibita a			fuchiele	o inclu	udina oon	mutina	by			Vee	No
7 Do you maintain a writte													Yes	No
employees?								·····	· · · · · · · · · · · · · · · · · · ·					
8 Do you maintain a writte							-			our				
employees? See the ins					ficers, di	rectors,	or 1% (or more o	wners					
9 Do you treat all use of v														
0 Do you provide more th														
the use of the vehicles,														_
1 Do you meet the require	ements conce	erning qualified	d automo	obile dei	monstra	tion use'	?							
Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'i	t comple	ete Secti	on B for	the co	vered veh	icles.					
Part VI Amortization														
(a)			(b)		(c)			(d)		(e)			(f)	
Description of	f costs		amortization begins		Amortizat amount	ole t		Code section		Amortiza period or pe		Ar fc	mortization or this year	
2 Amortization of costs th	nat begins du			Ir:										
	U		: :											
			· · ·											
3 Amortization of costs th	nat herran hof	Ore VOUR 2021	tax ver	r							43			
4 Total. Add amounts in											44			
	501011111 (I). SE				τερυπ						 	-	orm 450	0 / 000 -
16252 12-21-21												F	orm 456	~ (2021

Form 4562	
Department of the Treasury Internal Revenue Service	(99
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property) A COGS

Attach to your tax return.

ZUZ Attachment Sequence No. **179**

Identifying number

C

1

OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instruct	tions and the latest information.
	Business or activity to which this form relates

CAL POLY CORPORATION			SCHEDULE A	A COGS		95-1648180
Part I Election To Expense Certain Property	Under Section 17	79 Note: If you have	any listed property,	, complete Part	V before yo	ou complete Part I.
1 Maximum amount (see instructions)					1	1,050,000.
2 Total cost of section 179 property placed						
3 Threshold cost of section 179 property be						2,620,000.
4 Reduction in limitation. Subtract line 3 fro	m line 2. If zero	or less, enter -0			4	
5 Dollar limitation for tax year. Subtract line 4 from line 1.	f zero or less, enter -	0 If married filing separate	y, see instructions		5	
6 (a) Description of prope	rty	(b) Cos	t (business use only)	(c) Elected	cost	
7 Listed property. Enter the amount from lin	ie 29		7			
8 Total elected cost of section 179 property						
9 Tentative deduction. Enter the smaller of						
10 Carryover of disallowed deduction from lin					10	
11 Business income limitation. Enter the small			,			
12 Section 179 expense deduction. Add lines					12	
13 Carryover of disallowed deduction to 2022		,	🏲 13			
Note: Don't use Part II or Part III below for list		,				
Part II Special Depreciation Allowanc		• •				
14 Special depreciation allowance for qualified	ed property (oth	er than listed proper	ty) placed in service	e during		
the tax year						
15 Property subject to section 168(f)(1) election	on					
16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't in		portu Socipatructio			16	
MACKS Depreciation (Don't in	ciude listed pro	Section A				
			0001		47	
17 MACRS deductions for assets placed in s18 If you are electing to group any assets placed in service		v v		▶ □	17	
Section B - Assets Placed III Service				neral Deprecia	tion System	m
	(b) Month and	(c) Basis for depreciat	ion (d) Recovery			
(a) Classification of property	year placed in service	(business/investment only - see instruction	use naminal	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
Section C. Accests Dia	/	During 2021 Tax Va	er Lleine the Alter	MM Nonrea	S/L	
Section C - Assets Pla	ced in Service		ar Using the Alter	hative Deprec	т т	em
20a Class life			10		S/L	
b 12-year	,		12 yrs.		S/L	
c 30-year	/		30 yrs. 40 yrs.	MM	S/L	
d 40-year Part IV Summary (See instructions.)	/	1	40 yi S.	MM	S/L	
	0				0.1	
21 Listed property. Enter amount from line 22 22 Total Add amounts from line 12 lines 14		os 10 and 20 in colu			21	
22 Total. Add amounts from line 12, lines 14 Enter here and on the appropriate lines of					22	0.
Enter here and on the appropriate lines of 23 For assets shown above and placed in se				u	22	•
portion of the basis attributable to section	•	ounent year, enter t	ne 23			
116251 12-21-21 LHA For Paperwork Reduct		. see separate instr				Form 4562 (2021)

Form 4562 (2021)		POLY C									95-	1648	180	Page 2
Part V Listed Proper entertainment,	ty (Include au	utomobiles, ce	ertain oth	er vehic	les, cert	tain aircr	aft, and	d property	used fo	or				
Note: For any	vehicle for w	hich you are u	, sing the	standar	d milea	ge rate o	r dedu	cting lease	e expens	se, com	olete on	ly 24a,		
24b, columns	(a) through (c) of Section A,	, all of Se	ection B	, and Se	ection C	if appli	cable.	-					
		on and Other			ution: (See the i)	
4a Do you have evidence to	Do you have evidence to support the business/investme		nt use cla	imed?	<u> </u>	′es 🔄	No	24b If "Y	′es," is tł	ne evide	nce writt	en?	_ Yes ∟	No
(a)	(b) Date	(c) Business/	(d) (e) Basis for depreciati			ociation	(f)	1	(g)		h)		(i) ected	
Type of property (list vehicles first)	placed in	investment		Cost or her basis	(bu	isiness/inve	stment	Recovery period		thod/ /ention		ciation uction		on 179
	service	use percenta	ge ^{UL}			use only	/)	period			ucut		C	ost
5 Special depreciation all	owance for q	ualified listed	property	placed i	in servic	e during	the ta	x year and	d					
used more than 50% in	a qualified bu	usiness use								25				
6 Property used more that	in 50% in a qu	ualified busine	ess use:											
	: :	ġ	%											
	: :	9	%											
	: :	ġ	%											
7 Property used 50% or le	ess in a qualif	ied business ι	use:											
	: :	0	%						S/L -					
	: :		%						S/L -					
	: :		%						S/L -				1	
8 Add amounts in columr	(h) lines 25			and on	line 21	page 1				28				
Add amounts in column												29		
	i (i), iii ic 20. L					on Use						23	1	
omplete this section for ve	biolog upod k								r rolatod	norcon	If you pr	ovidad v	vohielos	
o your employees, first ans			••							•			/eniicies	
your employees, first ans	wer the ques			ee ii you	i meet a	пехсер		completii	iy ins se		n those v	enicies.		
				-)		(1)		(-)		-1)		-)		
• Tatal husings (investment)	المحالية والمترام		(a)			(b)		(c)		d)	-	e)		f)
0 Total business/investment		•	Ver	nicle	ve	hicle	V V	'ehicle	Ver	hicle	ver	nicle	ver ver	nicle
year (don't include commu														
1 Total commuting miles														
2 Total other personal (no														
driven														
3 Total miles driven during	• •													
Add lines 30 through 32	<u>2</u>					-				1				. <u> </u>
34 Was the vehicle availab	le for persona	al use	Yes	No	Yes	No	Yes	<u>No</u>	Yes	No	Yes	No	Yes	No
during off-duty hours?								_						
5 Was the vehicle used p	rimarily by a ı	more												
than 5% owner or relate	ed person?													
6 Is another vehicle availa														
use?														
	Section C	- Questions f	or Empl	oyers W	/ho Pro	vide Vel	icles f	or Use by	/ Their E	Employe	es			
nswer these questions to												ren't		
nore than 5% owners or rel			•		0				,	. ,				
7 Do you maintain a writte	en policv stat	ement that pro	ohibits a	ll person	nal use c	of vehicle	s. inclu	udina com	nmutina.	bv vour			Yes	No
employees?														
8 Do you maintain a writte	en policy stat	ement that pro	ohibits n	ersonal	use of v	ehicles	excent	commuti	na hv v	our				
employees? See the ins	. ,	•	•				•		0					
9 Do you treat all use of v				-										+
Do you provide more th								mployoos						-
the use of the vehicles,														
1 Do you meet the require														_
Note: If your answer to	37, 38, 39, 4	<u>0, or 41 is "Ye</u>	s," don'i	comple	te Sect	ION B TOP	the co	vered ven	licies.					
Part VI Amortization			(h)		(0)			(d)		(0)			(#)	
(a) Description o	f costs	Date	(b) amortization		(c) Amortizal amoun	ble		(d) (e) Code Amortization				Amortization for this year		
			begins		amoun	t		section		period or pe		fc	or this year	
2 Amortization of costs the second	nat begins du	ring your 2021	I tax yea	r:										
			: :											
			: :											
3 Amortization of costs th	nat began bef	ore your 2021	tax yea	·							43			
4 Total. Add amounts in o	column (f). Se	e the instructi	ions for v	where to	report	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	44			
116252 12-21-21												F	orm 456	2 (2021

Form 4562	
Department of the Treasury Internal Revenue Service	(99
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

A COGS

Attach to your tax return.

Attachment Sequence No. 179

Identifying number

C

1

OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instruct	ctions and the latest information.
	Business or activity to which this form relates

							i aona y ng namoo.
CAL POLY CORPORATION			SCI	IEDULE	A COGS		95-1648180
Part I Election To Expense Certain Propert	y Under Section 17	9 Note: If yo				V before y	
1 Maximum amount (see instructions)						1	1,050,000.
2 Total cost of section 179 property place	d in service (see ii	nstructions)				2	
3 Threshold cost of section 179 property l							2,620,000.
4 Reduction in limitation. Subtract line 3 fr							
5 Dollar limitation for tax year. Subtract line 4 from line 1						5	
6 (a) Description of pro				ness use only)	(c) Elected	cost	
7 Listed property. Enter the amount from	ine 29	I		7			
8 Total elected cost of section 179 proper						8	
9 Tentative deduction. Enter the smaller							
10 Carryover of disallowed deduction from							
11 Business income limitation. Enter the sn							
12 Section 179 expense deduction. Add lin							
13 Carryover of disallowed deduction to 20						12	
Note: Don't use Part II or Part III below for li				F 10			
Part II Special Depreciation Allowar		,		de listed prop	ertv.)		
14 Special depreciation allowance for quali		-			•		
					Ū	14	
the tax year 15 Property subject to section 168(f)(1) electron							
16 Other depreciation (including ACRS)							39,920.
Part III MACRS Depreciation (Don't i	nclude listed pror					10	55,520.
			ction A				
17 MACRS deductions for assets placed in	oonvice in tex ver			1		17	
18 If you are electing to group any assets placed in service		• •	-		▶ □	Ξ ΄	
Section B - Assets					neral Deprecia	tion Syste	m
	(b) Month and	(c) Basis for	r depreciation	(d) Recover			
(a) Classification of property	year placed in service		ivestment use instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property d 10-year property							
				25 yrs.		S/L	
g 25-year property	1			27.5 yrs.	MM	S/L	
h Residential rental property	/			27.5 yrs.		S/L S/L	
	/				MM	S/L S/L	
i Nonresidential real property	/			39 yrs.	MM	S/L S/L	
Section C - Assets PI	/	During 2021	Tay Voar II	sing the Alte			tem
20a Class life				10.100		S/L	
b 12-year				12 yrs.		S/L	
c 30-year	/			30 yrs.	MM	S/L	
d 40-year Part IV Summary (See instructions.)	/			40 yrs.	MM	S/L	
· · · · · · · · · · · · · · · · · · ·	~~~						
21 Listed property. Enter amount from line				· · · · · · · · · · · · · · · · · · ·		21	
22 Total. Add amounts from line 12, lines 1							20.000
Enter here and on the appropriate lines				tions - see ins	tr	22	39,920.
23 For assets shown above and placed in s		current year	, enter the				
portion of the basis attributable to section	ייי עמא Costs ווו			23			

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate in success. 11190512 756668 004394

portion of the basis attributable to section 263A costs

2021.05080 CAL POLY CORPORATION

Form 4562 (20			POLY (95-	1648	180	Page 2
Part V	isted Propert	y (Include au	utomobiles, o	certain oth	er vehic	les, certa	ain aircr	aft, and	l property	/ used fo	or				
	lote: For any v	,		,	standar	d mileag	e rate o	deduc	ting leas	e expen	se, com	olete on	ly 24a,		
2	4b, columns (a	a) through (c) of Section /	A, all of Se	ection B	and Se	ction C	f applic	able.						
	Section A -					ution: S	See the i								
24a Do you hav	ve evidence to su		r	nent use cla	imed?	<u> </u>	es 🔄	No	24b If "Y	′es," is t	he evide	nce writt	en?	Yes	No
(a)	(b) Date	(c) Business	., I	(d)	Baa	(e) is for depre	voiation	(f)	1	(g)		h)		(i)
Type of p (list vehic	property	placed in	investmer	nt	Cost or		siness/inve						ciation uction		ected on 179
	165 11 51)	service	use percent	age ^{ot}	her basis		use only)	periou	001	vention	ueut			ost
25 Special de	preciation allo	wance for q	ualified listed	d property	placed i	n servic	e during	the tax	year and	b					
used more	e than 50% in a	a qualified bu	usiness use	<u></u>		<u></u>	<u></u>	<u></u>			25				
26 Property u	ised more than	n 50% in a qu	ualified busir	ness use:						_		_			
		: :		%											
		: :		%											
		: :		%											
7 Property u	ised 50% or les	ss in a qualif	ied business	use:											
		: :		%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
8 Add amou	ints in column	(h), lines 25	through 27.	Enter here	and on	line 21.	page 1	I			28				
	ints in column												29		
		(), 1110 20. 2		Section I											
complete this	section for veh	nicles used b	ny a sole pro							r related	nerson	lf you pr	ovided v	ohicles	
•	yees, first answ			• • •							•			criticico	
	yees, mist answ	ver the ques			ee ii you	meet a	техсер		Jompierii	iy iiis s			enicies.		
					2)	(b)		(c)		(d)		2)		f)
• Total huging	aa /invootmont n	nilon drivon d	uring the		(a) Vehicle		b) Niclo		(c)		(d) hiolo	-	(e) Vehicle		nicle
	ess/investment n		0		licie	Vei	nicle	Ve	ehicle	Ve	hicle	Vei	licie	Vei	licie
	include commut											-			
	muting miles d														
	r personal (nor		,												
driven															
	s driven during														
	30 through 32										-				
	ehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-	duty hours?														
	ehicle used pri														
than 5% o	wner or related	d person?													
6 Is another	vehicle availab	ole for perso	nal												
use?			<u></u>												
		Section C	- Questions	for Empl	oyers W	ho Prov	vide Veh	icles fo	or Use by	y Their B	Employe	es			
Answer these	questions to d	etermine if y	ou meet an	exception	to comp	leting S	ection E	for veh	nicles use	ed by en	nployees	who a i	ren't		
nore than 5%	owners or rela	ted persons	j.												
7 Do you ma	aintain a writtei	n policy stat	ement that r	orohibits a	ll person	al use o	f vehicle	s, inclu	ding con	nmuting,	, by your			Yes	No
	s?														
8 Do vou ma	aintain a writtei	n policv stat	ement that r	prohibits p	ersonal	use of ve	ehicles.	except	commuti	na. bv v	our				
-	s? See the inst		-	-				-							
	at all use of ve				•										-
•	ovide more tha														1
	the vehicles, a														
	eet the requirer														_
															_
	our answer to 3	57, 38, 39, 4	U, OF 4 I IS "Y	es, don i	comple	te Sectio	on B tor	the cov	/erea ver	licies.					
	mortization			(b)		(0)			(4)		(0)			(#)	
	(a) Description of	costs	Da	(b) ate amortization		(c) Amortizab	le		(d) (e) Code Amortization				(f) Amortization for this year		
				begins		amount			section		period or pe		fc	r this year	
2 Amortizati	on of costs tha	at begins du	ring your 202	21 tax yea	r:										
				: :				_							
				: :											
3 Amortizatio	an of agets the														
	on of costs the	at began bet	fore your 202	1 tax yea	·							43			
14 Total. Add	amounts in c											43 44			