### EXTENDED TO JULY 15, 2020

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1, 2018 and ending JUN 30, and ending JUN 30, 2019 Open to Public

В	Check if applicable	C Name of organization	D Emp	loyer identific	cation number
Г	Addres	S CAL DOLY CORDORATION VERA EDUCE			
H	change Name		_	16-7	470544
H	change Initial	- v	uito 🖪 Talan		
F	return Final	Number and street (or P.0. box if mail is not delivered to street address)  CORPORATION ADMIN BUILDING 15	uite <b>  E</b> Telep	ohone number (805)	
	—lreturn/ termin-		C C*****	receipts \$	4,072,136.
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code SAN LUIS OBISPO, CA 93407	<u> </u>		
F	Ireturn Application			this a group re subordinates	
	pendin	SAME AS C ABOVE	ı		cluded? Yes No
$\overline{}$	Тах-ехе	empt status:			list. (see instructions)
		e: N/A		oup exemption	
					State of legal domicile: CA
		Summary			
Ф.	1	Briefly describe the organization's mission or most significant activities: PAYING C	ERTAIN	OTHER	
Governance		$ t POST-EMPLOYMENT BENEFITS FOR ELIGIBL \overline{ t E}$ RETIRE	ES AND	THEIR I	DEPENDENTS.
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	more than 259	% of its net as	sets.
8	3	Number of voting members of the governing body (Part VI, line 1a)			6
	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
Activities &		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0
Ĭ		Total number of volunteers (estimate if necessary)			6
٩c		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38			0.
anı		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Prior	Year 0.	Current Year
	8	Contributions and grants (Part VIII, line 1h)	10	92,280.	594,645.
Revenue	9	Program service revenue (Part VIII, line 2g)		69,471.	1,889,709.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	1,000,700.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 20	61,751.	2,484,354.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,2	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	1.43	24,857.	1,522,318.
S	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,640.	5,039.
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ь .	Total fundraising expenses (Part IX, column (D), line 25)			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		55,124.	65,925.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,48	84,621.	1,593,282.
	19	Revenue less expenses. Subtract line 18 from line 12	-22	22,870.	891,072.
Net Assets or Find Ralances				Current Year	End of Year
sets	20	Total assets (Part X, line 16)		65,764.	26,212,099.
t As	21	Total liabilities (Part X, line 26)		12,785.	415.
		Net assets or fund balances. Subtract line 21 from line 20	25,6	52,979.	26,211,684.
	art II	Signature Block			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st			knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	Jarei Has ally Ki	nowieuge.	
e:	.n	Signature of officer		Date	
Sig He		DAN BANFIELD, CHIEF ADMINISTRATOR			
110	16	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Pai	id	MICAL W. BOVEE, CPA		if self-employe	P01023187
Pre		Firm's name GLENN BURDETTE	<u> </u>	Firm's EIN	95-2772601
Use	Only	Firm's address 1150 PALM STREET			
		SAN LUIS OBISPO, CA 93401		Phone no.80!	5-544-1441
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Charlest Oak add a Company Service Accomp			
1	Check if Schedule O contains a response or note to Briefly describe the organization's mission:	any line in this Part III		<u></u>
•	TO PROVIDE AN ENTITY FOR PAYI	NG FUNDS FOR	CERTAIN OTHER	
	POST-EMPLOYMENT BENEFITS ON E	EHALF OF ELIG	IBLE RETIREES AN	D THEIR
	DEPENDENTS.			
2	Did the organization undertake any significant program se			
	prior Form 990 or 990-EZ?			Yes X No
•	If "Yes," describe these new services on Schedule O.	A alaanaaa in laaw ik aanaliw	ata . a aaaaa	Yes X No
3	Did the organization cease conducting, or make significant	t changes in now it conduc	cts, any program services?	Yes 🕰 No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishm	ents for each of its three Is	raest program services, as meas	sured by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required			
	revenue, if any, for each program service reported.	to roport the amount or gre	arto arto anobationo to otrioro, tri	o total experience, and
4a	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	PAYING CERTAIN OTHER POST-EMP		ITS ON BEHALF OF	ELIGIBLE
	RETIREES AND THEIR DEPENDENTS	•		
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	/Order \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/	in all officers are and a set the	\ (D	
40	(Code:) (Expenses \$	including grants of \$		)
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$		) (Revenue \$	)
4e	Total program service expenses			
				Form <b>990</b> (2018)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
<b>L</b>	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	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	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		Х
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	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_ 41

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Х	
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	Α	
2 <del>-1</del> 0	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		Х
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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
<b>5</b> -7	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<del>                                     </del>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	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		 I _	Ш
	5. "		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

# Form 990 (2018) CAL POLY CORPORATION VEBA TRUST Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	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
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ua		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		
a	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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			
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			
C	Enter the amount of reserves on hand	4.4 -		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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	15		Х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	10		22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
.5	If "Yes," complete Form 4720, Schedule O.			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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 la	i		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in 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 approval by independent			
	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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	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 books and records			
	DAN BANFIELD - (805) 756-7335			
	CORPORATION ADMIN BLDG 15, SAN LUIS OBISPO, CA 93407			

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) (C)  Average hours per box, unless person is officer and a director			than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
(1) DAN BANFIELD CHIEF ADMINISTRATOR	1.00	Х		Х				0.	159,287.	31,775
(2) JOE ALVES SECRETARY	1.00	х		х				0.	78,050.	
(3) JODI BLOCK CPC BENEFITS COMMITTEE MBR	1.00	х						0.	83,118.	
4) JASON MARCHESE PC BENEFITS COMMITTEE MBR	1.00	Х						0.	108,601.	
5) RUSSELL MONTEATH CPC BENEFITS COMMITTEE MBR	1.00	X						0.	88,172.	27,490
6) JENNIFER WHARTON PC BENEFITS COMMITTEE MBR	1.00	X						0.	0.	(
7) U.S. BANK INST'L TRUST & CUSTODY PRUSTEE, NONVOTING	1.00		х					5,039.	0.	(

Form **990** (2018)

	T VII   Section A. Officers, Directors, Trus (A)	(B)			(C Posi	2)			(D)	(E)			(F)	
	Name and title	Average hours per week (list any	box offi	not c , unle	heck   ss pe	more rson	than is bot or/trus	n an	Reportable compensation from the	Reportable compensatio from related organizations	n I	an	timate nount other	of
		hours for related organizations below	Individual trustee or director	Institutional trustee	r	Key employee	Highest compensated employee	ər	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e on ed
		line)	Indivi	Institu	Officer	Key er	Highe emplo	Form						
1b	Sub-total		<u> </u>	<u> </u>				<b>-</b>	5,039.	517,22	_	13	7,2	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								5,039.	517,22	0. 28.	13	7,2	0. 45.
2	Total number of individuals (including but a compensation from the organization								-				-	0
3	Did the organization list any <b>former</b> officer	. director. or tru	uste	e. ke	ev en	olan	vee.	or	highest compensated e	mplovee on	Г		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	such individual				· 						3		X
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	) J	for such individual			4	Х	
5 —	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	=				-				dual for services		5		X
Sec 1	ction B. Independent Contractors  Complete this table for your five highest co	ompensated in	depe	ende	nt c	ontr	racto	rs t	that received more than	\$100,000 of com	npensa	ation f	rom	
	the organization. Report compensation for	· ·	-									(0		
					-				Description of s	ervices	Co	ompe	nsatio	า
	Name and business	address	N	ЭИЬ	5			$\dashv$						
		s address	NO	INC	5									
		s address	NO	INC	<u> </u>									
		s address	NO	JNE	<u> </u>									
		s address	NO	JNE	<u> </u>									
		s address	NO	JNE	<u>.</u>									
		including but n					se lis	stec	d above) who received m					

832008 12-31-18

orm 990 (201	8)	CAL	POLY	CORPORATION	VEBA	TF
Part VIII	Statement	of Rev	enue			

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			<u></u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Ω, Ĕ		Fundraising events						
ifts		Related organizations	·····					
nia,								
Sir		Government grants (contributions						
e ti	Ť	All other contributions, gifts, grant						
έş		similar amounts not included abov						
ont	_	Noncash contributions included in lines						
<u>a</u> C	h	Total. Add lines 1a-1f						
				Business Code				
<u>e</u>	2 a	EMPLOYER CONTRIBUTIONS		900001	594,645.	594,645.		
Program Service Revenue	b	·						
en.	С							
ran ev	d	I						
Pog F	е							
₫	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			594,645.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶ [	686,434.			686,434.
	4	Income from investment of tax	k-exempt bond	oroceeds 🕨				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,791,057	· '				
	b	Less: cost or other basis	, ,					
		and sales expenses	1,587,782					
	С	Gain or (loss)	1,203,275					
		Net gain or (loss)			1,203,275.			1,203,275.
•		Gross income from fundraising			, ,			, ,
nue	-	including \$	`					
e e		contributions reported on line	1c) See					
Ř		Part IV, line 18	•					
Other Reve	h	Less: direct expenses						
Ó		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a		-					
	b b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			2,484,354.	594,645.	0.	1,889,709.
		15115			. ,	•		

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Form **990** (2018)

	990 (2018) CAL POLY COF		BA TRUST	46-7	470544 Page <b>10</b>
	t IX Statement of Functional Expense on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must c	omplete column (A).	
	Check if Schedule O contains a responsion 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		·		·
2	Grants and other assistance to domestic				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members	1,522,318.			
5 6	Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified	5,039.			
_	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b d	Legal	12,540.			
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	52,672.			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	713.			
12 13	Advertising and promotion Office expenses				
14	Information technology				
15 16	Royalties Cocupancy				
17 18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				

Form **990** (2018)

e All other expenses

22

23

24

С

25

1,593,282.

Depreciation, depletion, and amortization ......

Insurance

Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here 

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

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		327,044.	2	223,549.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	25,338,720.	11	25,988,550.	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	25,665,764.	16	26,212,099.
	17	Accounts payable and accrued expenses		12,785.	17	415.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
Ħ		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	*			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
				10 705	25	41 5
	26	Total liabilities. Add lines 17 through 25		12,785.	26	415.
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 an				
auc	27	Unrestricted net assets			27	
Fund Balances	28	Temporarily restricted net assets			28	
п	29				29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🔼			
ğ		and complete lines 30 through 34.		0		0
set	30	Capital stock or trust principal, or current funds		0.	30	0.
As	31	Paid-in or capital surplus, or land, building, or ed	F	0.	31	0.
Net Assets or	32	Retained earnings, endowment, accumulated in	F	25,652,979.	32	26,211,684.
_	33	Total net assets or fund balances		25,652,979.	33	26,211,684.
	34	Total liabilities and net assets/fund balances		25,665,764.	34	26,212,099.

Form **990** (2018)

	1990 (2016) CHE TOET CONTOUNTION VEEL TROOT	<b>4</b> 0	7 1 7 0 3	<b>4 4</b>	га	ye ız
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	484	4,3	54.
2	Total expenses (must equal Part IX, column (A), line 25)	2				82.
3	Revenue less expenses. Subtract line 2 from line 1	3				72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,	652	2,9	79.
5	Net unrealized gains (losses) on investments	5	_	332	2,3	67.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	26,	21:	1,6	84.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis 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 th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit			
	Act and OMB Circular A-133?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
	or guidite, explain why in Cabadula O and describe any stone taken to undergo such guidite			วน ไ		I

Form **990** (2018)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CAL POLY CORPORATION VEBA TRUST

**Employer identification number** 46-7470544

Pa	rt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		•
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa	rt II Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organization's accounting for
Da	conservation easements.	Aut Historical Tracerryce or Ot	hay Circilay Accets
Pa	rt III Organizations Maintaining Collections of		ner Similar Assets.
_	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi	, ,	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat	·	gairi, provide
_	the following amounts required to be reported under SFAS 11	-	<b>L</b> ¢
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		
a	ASSELS INCIDURED IN FORM 990, PAR A		🖊 🕽

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

e Other

1a Land **b** Buildings c Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D	) (Form 990) 2018	RPORATION	VEBA TRUST	46	5-7470544 <sub>Page</sub>
	Investments - Other Securities.				. ago
	Complete if the organization answered "Yes'				
	otion of security or category (including name of security)	(b) Book value	(c) Method	of valuation: Cost or en	id-of-year market value
	al derivatives				
	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	1) 15 000 D 1V 1 (D) 1 40 \				
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		of valuation: Cost or en	nd of year market value
	(a) Description of investment	(b) BOOK Value	(C) Metriod	of valuation. Cost of en	id-or-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.				
I dit ix	Complete if the organization answered "Yes'	on Form 990 Part IV	/ line 11d See Form (	990 Part X line 15	
		Description	, iiile 11a. See 1 oili1 s	30, 1 art X, iii e 13.	(b) Book value
(1)	(,				(-,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		•	
Part X	Other Liabilities.				I
	Complete if the organization answered "Yes'	on Form 990, Part IV	/, line 11e or 11f. See	Form 990, Part X, line 2	5.
1.	(a) Description of liability	,	(b) Book value		
	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

(7) (8)

	rt XI Reconciliation of Revenue per Audited Financial State		Revenue ner B		rayer
ıaı	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		i nevenue per n	Cturr	·
1	Takal association and allowers are also as well-as for a six statement.			1	2,099,315.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	
	Net unrealized gains (losses) on investments	2a	-332,367.		
	Donated services and use of facilities		,		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	-332,367.
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,431,682.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	52,672.		
	Other (Describe in Part XIII.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	52,672.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,484,354.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total expenses and losses per audited financial statements			1	1,540,610.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)	•			•
е	Add lines 2a through 2d			2e	1 540 610
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,540,610.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	E2 672		
	Investment expenses not included on Form 990, Part VIII, line 7b		52,672.		
	Other (Describe in Part XIII.)				52,672.
	Add lines 4a and 4b			4c	1,593,282
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	1,393,202
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Dort IV/ lines 1h	and Ohi Dort V. line	4. Dort	V line 0: Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4, Fait	A, III le 2, Part AI,
11163	20 and 40, and Fart An, lines 20 and 40. Also complete this part to provide any	additional lino	mation.		

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CAL POLY CORPORATION VEBA TRUST

**Employer identification number** 46-7470544

Schedule J (Form 990) 2018

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		
	The organization?	5a		
b	Any related organization?	5b		
^	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	C-		
a	The organization?	6a		
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
o	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		
3	Regulations section 53.4958-6(c)?	9		
	1 legalation 3 section 30.4330 b(c):	)		

832111 10-26-18

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

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 o	of W-2 and/or 1099-M	ISC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DAN BANFIELD (	) 0		0.	0.	0.		0.
CHIEF ADMINISTRATOR (i		. 0.	0.	10,569.	21,206.	191,062.	0.
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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 O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CAL POLY CORPORATION VEBA TRUST

Employer identification number 46-7470544

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

THE CAL POLY CORPORATION EXECUTIVE DIRECTOR AND CHAIR OF THE BOARD APPOINT
ALL MEMBERS OF THE CPC BENEFITS COMMITTEE.

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

FORM 990 IS REVIEWED BY THE CHIEF ADMINISTRATOR AND PROVIDED TO THE CPC BENEFITS COMMITTEE FOR REVIEW PRIOR TO BEING FILED.

FORM 990, PART VI, SECTION B, LINES 12 - 14

THE TRUST DOES NOT HAVE EMPLOYEES; HOWEVER, PERSONS EMPLOYED BY CAL

POLY CORPORATION PERFORM WORK ON BEHALF OF THE TRUST AND FOLLOW CAL

POLY CORPORATION'S POLICIES AS THEY RELATE TO CONFLICT OF INTERESTS,

WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION.

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

IN ADDITION TO REVIEWING ANNUALLY, THE BENEFIT COMMITTEE MEMBERS DISCLOSE

CONFLICTS OF INTEREST DURING THE YEAR AS THEY ARISE. THE BENEFITS

COMMITTEE ADDRESSES CONFLICTS OF INTEREST IMMEDIATELY UPON DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE TRUST DOES NOT COMPENSATE ANY OFFICERS, DIRECTORS OR KEY EMPLOYEES.

CAL POLY CORPORATION, A RELATED PARTY, INDEPENDENTLY DETERMINES

COMPENSATION FOR OFFICERS AND DIRECTORS FOR WORK PERFORMED AS AN EMPLOYEE

OF, AND ON BEHALF OF, CAL POLY CORPORATION.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

CAL POLY CORPORATION VEBA TRUST	46-7470544
AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE T	O THE PUBLIC ON
THE CAL POLY CORPORATION WEBSITE AND ARE ALSO AVAILABLE U	PON WRITTEN
REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE CPC BENEFITS COMMITTEE HAS OVERSIGHT OF THE AUDIT OF	FINANCIAL
STATEMENTS AND SELECTION AND RETENTION OF THE INDEPENDENT	ACCOUNTANT.
990 PART VI, SECTION A, LINE 9	
TRUSTEE U.S. BANK INSTITUTIONAL TRUST & CUSTODY CAN BE RE	ACHED AT:
ATTN: YUVAL SELIK	
221 SOUTH FIGUEROA STREET, SUITE 210, LM-CA-F2TC	
LOS ANGELES, CA 90012	

### SCHEDULE R (Form 990)

Part I

**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.

(c)

(d)

(e)

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Department of the Treasury Internal Revenue Service

CAL POLY CORPORATION VEBA TRUST

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

(b)

Employer identification number 46-7470544

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year	l l	controlling ntity	g	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more related tax-ex	empt		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont ent	(g) n 512(b)(13) ntrolled ntity?	
CAL POLY CORPORATION - 95-1648180	SERVICES AND FACILITIES			001(0)(0))		Yes	No	
1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	INTEGRAL TO EDUCATIONAL MISSION OF CPSU	CALIFORNIA	501(C)(3)	LINE 5			x	
·	STATE UNIVERSITY - VEBA							
LUIS OBISPO - 77-0209717, 1 GRAND AVE, SAN	FORMED TO SUPPORT CPC,							
LUIS OBISPO, CA 93407	AUXILIARY OF CPSU	CALIFORNIA	115	LINE 6			Х	
		1	I	1		1	1	

Page 2

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. Part III

Significance desired as a parameter														
(a)	(b)	(c)	(d)	(e)	(f)			(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity		Predominant income	Predominant income S	Predominant income Share of total		Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of related organization		(state or foreign	entity		end-of-year assets	alloca	amount in box 20 of Schedule		partne	ownersnip				
		country)		sections 512-514)		4,000.0	Yes	No	K-1 (Form 1065)	Yes N	0			
									1					

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
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Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1	During the tax year, did the organization engage in any of the following transactions with one or r	more rela	ated organizations listed	in Parts II-IV?				
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
b	b Gift, grant, or capital contribution to related organization(s)				1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
	d Loans or loan guarantees to or for related organization(s)				1d		X	
e Loans or loan guarantees by related organization(s)								
f	f Dividends from related organization(s)				1f		Х	
g	g Sale of assets to related organization(s)				1g		X	
h	h Purchase of assets from related organization(s)				1h		X	
	Exchange of assets with related organization(s)				1i		X	
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X	
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X	
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х		
	Sharing of paid employees with related organization(s)				10	X		
р	P Reimbursement paid to related organization(s) for expenses				1p	X		
	Reimbursement paid by related organization(s) for expenses				1q		X	
r	r Other transfer of cash or property to related organization(s)				1r		X	
	s Other transfer of cash or property from related organization(s)				1s	Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	plete this	s line, including covered	relationships and transaction thresholds.				
	(a) (b)  Name of related organization Transactic type (a-s)		(c) Amount involved	(d) Method of determining amount invo	olved			
1)								
O)								
<u> </u>								
3)								
3)								
<b>4</b> )								
<u>'')</u>								
5)								
<u>J,</u>								
6)								
	163 10-02-18 24			Schedule F	R (For	n 990	2018	
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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners se 501(c)(3) orgs.?	(f)	(g)	(ł	ո)	(i)	(j	j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners se	c. Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocat	tions?	of Schedule K-1	partr	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
										$\vdash \vdash$		
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												_
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					1				ı	$\perp$		

TAXABLE YEAR 2018

## California Exempt Organization Annual Information Return

828941 12-12-18 FORM

199

Ca	ılendar Year	2018 or fiscal year beginning (mm/dd/yyyy)	07/01/201	.8 , and ending	g (mm/dd/yy	уу)	06/30/2	019 .	
С	orporation/Or	ganization name			Cal	ifornia corpor	ation number		
C	AL PO	LY CORPORATION VEBA TRU	JST			81012	262		
Α	dditional infor	rmation. See instructions.			FE				
						46-74	70544		
		(suite or room)				PMB no.			
<u>C</u>	ORPOR	ATION ADMIN BUILDING 15	5		_				
	ity				State	ZIP code	_		
_		IS OBISPO			CA	93407			
F	oreign country	/ name	Foreign province/state/cour	nty		Foreign pos	stal code		
_									
Α	First Retu	ırn		If exempt under R&TC				<b>_</b>	
В	Amended	I Return		engaged in political act					No
C		on 4947(a)(1) trust		Is the organization exe				Yes _A_	NO
D		rmation Return?  Dissolved Surrendered (Withdrawn) Mer		If "Yes," enter the gross If organization is a pub	-				—
		Dissolved	· ·	Section 23701d and m	-	•			
Ε		counting method: (1) Cash (2) X Accrual		box. No filing fee is req			_	$\neg$	
F		eturn filed? (1) $\bullet$ 990T (2) $\bullet$ 990PF (3) $\bullet$		ls the organization a Li				Yes X	Nο
		Other 990 series		Did the organization file					110
G		group filing? See instructions		report taxable income?			_	Yes X	No
Н	Is this or	ganization in a group exemption		ls the organization und					
		what is the parent's name?		IRS audited in a prior y	/ear?		• [	Yes X	No
				ls federal Form 1023/1				Yes X	No
I		rganization have any changes to its guidelines		Date filed with IRS					
		ted to the FTB? See instructions●	Yes _X_No						
	Part I	complete Part I unless not required to file this forn							
		1 Gross sales or receipts from other sources. F	From Side 2, Part II, line	8		•		072,136	00
		2 Gross dues and assessments from members					2		00
	Receipts	Gross contributions, gifts, grants, and simila Total gross receipts for filing requirement test. Add li This line must be completed. If the result is less than	r amounts received			•	3	070 126	00
	and						4 4,	072,136	<u>100  </u>
-	Revenues	<ul><li>5 Cost of goods sold</li><li>6 Cost or other basis, and sales expenses of as</li></ul>			597 7	00			
							7 1,	587,782	)
		<ul> <li>7 Total costs. Add line 5 and line 6</li> <li>8 Total gross income. Subtract line 7 from line</li> </ul>				·····	8 2,	484,354	100
_		<ul><li>8 Total gross income. Subtract line 7 from line</li><li>9 Total expenses and disbursements. From Sid</li></ul>	de 2 Part II line 18			•	9 1.	593,282	00
	Expenses	10 Excess of receipts over expenses and disbur	sements Subtract line	9 from line 8		······ •	10	891,072	2 00
_		44 7 1 1	Schlonts. Subtract line			•	11	,	00
		12 Use tax. See General Information K				•	12		00
		13 Payments balance. If line 11 is more than line	e 12, subtract line 12 fr	om line 11		•	13		00
ı	Filing Fee	14 Use tax balance. If line 12 is more than line 1					14		00
		15 Filing fee \$10 or \$25. See General Information	on F				15	10	00
		16 Penalties and Interest. See General Informati	on J				16		00
		17 Balance due. Add line 12, line 15, and line 1	6. Then subtract line 1	from the result			17	10	00
Si	gn	Under penalties of perjury, I declare that I have examined the it is true, correct, and complete. Declaration of preparer (other	ner than taxpayer) is based of	on all information of which	preparer has a	ny knowledg	e.	ellei,	
	ere	Signature	Titl		Date		● Telephone	e	
_		Signature of officer	CH	HIEF ADMIN	IST		● PTIN		
		Preparer's		Date	Check			2107	
_		Preparer's signature			self-er	mployed	P0102 • Firm's FE		
	aid	Firm's name (or yours, . CT.FNN BIIDDFTTF					95-27		
	eparer's	(or yours, if self-employed) GLENN BURDETTE STREET					● Telephone		
US	se Only	and address SAN LUIS OBISPO,	CA 93401					44-1441	
_		May the FTB discuss this return with the preparer		ructions		• X			
		,,	a.s						

### CAL POLY CORPORATION VEBA TRUST

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

828951	12-12-1

												_
		1	Gross sales or receipts from all b	usiness activitie	es. See instruc	tions			•		00	)
		2	Interest						• 2	2	00	
		3	Dividends						• 3	3	686,434 00	)
Red	eipts	4							• 4	ı	00	)
fror	n	5	Gross royalties						• 5	5	00	)
Oth	er	6	Gross amount received from sale	of assets (See	Instructions)		STA	TEMENT 1	• 6	3	$2,791,057_{00}$	)
Sou	irces	7	Other income	`	,		SEE STA	TEMENT 2	• 7	,	594,645 00	)
		8	Total gross sales or receipts from	n other sources	. Add line 1 th	rouah l	line 7. Enter here and o	on Side 1, Part I, line 1	1	3	4,072,136 00	_
		9	Contributions, gifts, grants, and s			_			• 5	+	00	_
		10	Disbursements to or for member	s	F				• 10		1,522,318 00	
		11	Disbursements to or for member Compensation of officers, director	rs and trustees	······		SEE STA	TEMENT 3	• 11		5,039 00	<u> </u>
		12	Other salaries and wages	ro, arra a aotoco					• 12		00	_
Fyn	enses	13	Interest						• 13		00	-
and		14	Taxes						• 14		00	-
	burse-	15							• 15		00	-
me		16	Depreciation and depletion (See i	netructions)			•••••				00	-
		17	Depreciation and depletion (See in Other Expenses and Disburseme	nte			SEE STA	темент 4	• 17		65,925 00	
		l	Total expenses and disbursemen	te Add line Q th	rough line 17	Enter	here and on Side 1 P	art I line 0	18		1,593,282 00	<u>′</u> _
Sc	hedu				Beginning of				nd of ta			<u>'</u>
	ets	ic L	Duranto circo:	(a)		LUXUDI	(b)	(c)		1	(d)	-
			H	(α)			327,044			•	223,549	<u>-</u>
			s receivable				327,044				223,343	_
			ceivable									-
												-
			atota gavernment obligations									-
			state government obligations in other bonds							<u> </u>		-
										-		_
			in stock							•		-
	Mortga	-	~				25,338,720			•	25,988,550	7
	Other i						23,330,720			•	23,300,330	<u>,</u>
10	a Depi	Cook	ole assets Imulated depreciation	/	\			1	١			_
				(	- 1			(		_		-
										•		-
							25,665,764			•	26,212,099	2
			§				25,005,704				20,212,099	<u>,</u>
			et worth				12 705			_	415	_
			yable				12,785			•	415	_
			is, gifts, or grants payable							•		_
			notes payable							•		_
			payable							•		_
	Other I											_
			c or principal fund							•		_
			ital surplus. Attach reconciliation				<u> </u>			•	26 211 604	-
			nings or income fund				25,652,979			•	26,211,684	Ź.
			ties and net worth				25,665,764				26,212,099	<i>!</i>
Sc	hedu	le M					40 1 (1) 1	и фго ооо				
			Do not complete this sched					·				_
			per books		558,	/05		•			222 22	_
	Federa						not included in th		. 6	. 🕒	-332,367	<i>!</i>
			pital losses over capital gains					s return not charged				
			recorded on books this year					ome this year		. 🕒	222 22-	-
5	-		corded on books this year not				9 Total. Add line 7				-332,367	_
			this return				10 Net income per re				001 0=1	
6	Total.	Add lii	ne 1 through line 5		558,	705	Subtract line 9 fr	om line 6		.	891,072	1

CA 199 GROSS AM	OUNT FROM	M SAL	E OF A	SSETS	S	TATEMENT	1
DESCRIPTION		DA'		DAT SOL		THOD UIRED	
PUBLICLY TRADED SECURITIES					PUR	CHASED	
	COST (	_	DEPR	EC.	EXPENSE OF SALE	GROSS SALES PR	
	1,587,	782.		0.	0.	2,791,0	57.
TOTAL TO FORM 199, PAGE 2, LN 6	1,587,	782.		0.	0.	2,791,0	57 <b>.</b>
CA 199	OTHER :	INCOM	E		S	TATEMENT	2
DESCRIPTION						AMOUNT	
EMPLOYER CONTRIBUTIONS						594,6	45.
TOTAL TO FORM 199, PART II, LINE	7					594,6	45.

CA 199 COMPENSATION OF OFFICERS	, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DAN BANFIELD CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	CHIEF ADMINISTRATOR 1.00	0.
JOE ALVES CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	SECRETARY 1.00	0.
JODI BLOCK CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	CPC BENEFITS COMMITTEE MBF	R 0.
JASON MARCHESE CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	CPC BENEFITS COMMITTEE MBF	R 0.
RUSSELL MONTEATH CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	CPC BENEFITS COMMITTEE MBF	R 0.
JENNIFER WHARTON CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	CPC BENEFITS COMMITTEE MBF	R 0.
U.S. BANK INST'L TRUST & CUSTODY CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	TRUSTEE, NONVOTING 1.00	5,039.
TOTAL TO FORM 199, PART II, LINE 11		5,039.
CA 199 OTHE	R EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
ACCOUNTING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES	_	12,540. 52,672. 713.
TOTAL TO FORM 199, PART II, LINE 17	<del>-</del>	65,925.

CA 199 OTHER INVESTM	MENTS	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	25,338,720.	25,988,550.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	25,338,720.	25,988,550.
CA 199 INCOME RECORDED ON BOO NOT INCLUDED IN TH		STATEMENT 6
DESCRIPTION		AMOUNT
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS		-332,367.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	-332,367.	
CA 199 FUND BALANC	CES 	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ENDOWMENT AND OTHER FUNDS	25,652,979.	26,211,684.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	25,652,979.	26,211,684.