

2014

California Exempt Organization Annual Information Return

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) **07/01/2014**, and ending (mm/dd/yyyy) **06/30/2015**

Corporation/Organization Name CAL POLY CORPORATION <small>Additional Information. See instructions.</small>		California corporation number 0183601
Street address (suite or room) 1 GRAND AVE BLDG 15		PMB no.
City SAN LUIS OBISPO	State CA	ZIP code 93407
Foreign country name	Foreign province/state/country	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is an IRS Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	91,346,014.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	17,633,464.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B STMT 3	4	108979478.00
	5	Cost of goods sold STMT 2	5	19,929,427.00
	6	Cost or other basis, and sales expenses of assets sold	6	4,907,695.00
	7	Total costs. Add line 5 and line 6	7	24,837,122.00
	8	Total gross income. Subtract line 7 from line 4	8	84,142,356.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	77,110,445.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	7,031,911.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title EXECUTIVE DIRE	Date	• Telephone
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	• PTIN P01023187
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address GLENN BURDETTE 1150 PALM STREET SAN LUIS OBISPO, CA 93401	• Telephone 95-2772601		
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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.

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Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	48,998,551.00	
	2	Interest	•	2	00	
	3	Dividends	•	3	1,907,186.00	
	4	Gross rents	•	4	580,710.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 4	•	6	6,913,645.00	
	7	Other income SEE STATEMENT 5	•	7	32,945,922.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	91,346,014.00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 7 STATEMENT 6	•	9	5,585,665.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 8	•	11	406,023.00	
	12	Other salaries and wages	•	12	23,790,410.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	1,844,128.00
		15	Rents	•	15	1,855,532.00
		16	Depreciation and depletion (See instructions)	•	16	1,409,689.00
		17	Other Expenses and Disbursements SEE STATEMENT 9	•	17	42,218,998.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	77,110,445.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		17,212,274.		• 24,546,695.
2 Net accounts receivable		2,220,181.		• 2,783,690.
3 Net notes receivable				•
4 Inventories		3,319,062.		• 3,225,116.
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 10		76,223,412.		• 72,531,010.
10 a Depreciable assets	42,442,760.		55,471,330.	
b Less accumulated depreciation	(20,261,275.)	22,181,485.	(19,294,114.)	36,177,216.
11 Land		2,880,000.		• 980,000.
12 Other assets STMT 11		15,652,046.		• 12,879,221.
13 Total assets		139,688,460.		153,122,948.
Liabilities and net worth				
14 Accounts payable		3,502,159.		• 3,910,987.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		2,625,000.		• 2,560,000.
18 Other liabilities STMT 12		18,264,008.		42,030,253.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		115,297,293.		• 104,621,708.
22 Total liabilities and net worth		139,688,460.		153,122,948.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 3,214,178.	7 Income recorded on books this year not included in this return. STMT 13	• -3,817,733.
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	-3,817,733.
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	7,031,911.
6 Total. Add line 1 through line 5	3,214,178.		

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CAL POLY FOUNDATION	ONE GRAND AVENUE HERON HALL RM 103 SAN LUIS OBISPO, CA 93407	06/30/15	3,218,010.
HELMSLEY CHARITABLE TRUST	230 PARK AVENUE, SUITE 659 NEW YORK, NY 10169	06/30/15	3,069,635.
TOTAL INCLUDED ON LINE 3			<u>6,287,645.</u>

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1.	INVENTORY AT BEGINNING OF YEAR		3,319,062
2.	MERCHANDISE PURCHASED.		
3.	COST OF LABOR.		
4.	MATERIALS AND SUPPLIES	19,835,481	
5.	OTHER COSTS.		
6.	ADD LINES 1 THROUGH 5		23,154,543
7.	INVENTORY AT END OF YEAR		3,225,116
8.	COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		19,929,427

FORM 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 3

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

STUART AND JEANETTE BARTLESON

1157 E CLARK AVENUE SANTA MARIA, CA 93455

PROPERTY DESCRIPTION

DATE OF GIFT

TOTAL AMOUNT

FMV OF GIFT

448 ACRE WORKING RANCH LOACTED
IN ARROYO GRANDE, CA

06/09/15

10,872,000.

10,872,000.

TOTAL INCLUDED ON LINE 3

10,872,000.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
GAIN ON SALE OF SECURITIES			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	4,127,183.	0.	0.	5,870,927.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
GAIN ON SALE OF CAPITAL ASSETS AND REAL ESTATE			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	780,512.	0.	0.	1,042,718.

TOTAL TO FORM 199, PAGE 2, LN 6 4,907,695. 0. 0. 6,913,645.

FORM 199 OTHER INCOME STATEMENT 5

DESCRIPTION	AMOUNT
GRANTS & CONTRACTS	20,605,349.
CONFERENCES & WORKSHOPS	2,876,258.
UNIV. PROGRAMS SUPPORT	2,987,546.
SERVICE FEES	5,518,341.
MISCELLANEOUS	958,428.
TOTAL TO FORM 199, PART II, LINE 7	32,945,922.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN FRANCISCO STATE UNIVERSITY	HOLLOWAY AVE, ADM 471 - SAN FRANCISCO, CA 94132	NONE	6,887.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
PRCI	3141 FAIRVIEW PARK DR, SUITE 525 - FALLS CHURCH, VA 22042	NONE	219,126.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
COLUMBIA UNIVERSITY MEDICAL CENTER	DEPT OF MEDICINE 630 WEST 168TH STREET - NEW YORK, NY 10032	NONE	70,740.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
OREGON STATE UNIVERSITY	B308 KERR ADMIN BUILDING - CORVALLIS, OR 97331	NONE	21,054.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UC BERKELEY	2150 SHATTUCK AVENUE, SUITE 313 - BERKELEY, CA 88618	NONE	88,619.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF UTAH	75 SOUTH 2000 EAST - SALT LAKE CITY, UT 84112	NONE	11,010.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CSU, CHICO	CSU CHICO FOUNDATION - CHICO, CA 95929	NONE	14,468.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ELECTRICORE	27943 SMYH DRIVE, SUITE 105 - VALENCIA, CA 91355	NONE	40,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CSU, POMONA	3801 WEST TEMPLE - POMONA, CA 91768	NONE	5,863.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CSU, BAKERSFIELD	9001 STOCKDALE HWY - BAKERSFIELD, CA 93311	NONE	5,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
TYVAK	15265 ALTON PARKWAY, SUITE 200 - IRVINE , CA 92318	NONE	344,948.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VIRGINA POLYTECHNIC INSTITUTE AND STATE	300 TURNER STREET - BLAKSBURG, VA 24061	NONE	39,076.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ERA ECONOMICS	1111 KENNEDY PLACE, SUITE 4 - DAVIS, CA 95616	NONE	30,525.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF NORTH CAROLINA	104 AIRPORT DRIVE, SUITE 2200 - CHAPEL HILL, NC 27599	NONE	35,406.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UC SAN DIEGO	9500 GILMAN DRIVE MC 0210 - LA JOLLA, CA 92093	NONE	18,373.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
KENYON COLLEGE	EDELSTEIN HOUSE - GAMBIER, OH 43022	NONE	20,339.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RUTGERS, STATE UNIVERSITY OF NEW JERSEY	3 RUTGERS PLAZA ASB III - NEW BRUNSWICK, NJ 08901	NONE	7,585.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UC, RIVERSIDE	200 UNIVERSITY OFFICE - RIVERSIDE, CA 92521	NONE	27,355.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UC, IRVINE	5171 CALIFORNIA AVE, SUITE 150 - IRVINE, CA 92697	NONE	16,600.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CENTER FOR TEACHER QUALITY CSU, SACRAMEN	6000 STREET - SACRAMENTO, CA 95819	NONE	36,719.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS	VARIOUS - VARIOUS, CA 93407	NONE	22,425.

TOTAL FOR THIS ACTIVITY 2,496,855.

ACTIVITY CLASSIFICATION: SUPPORT OF UNIVERSITY AUXILIARIES

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CAL POLY STATE UNIVERSITY FOUNDATION	ONE GRAND AVENUE - SAN LUIS OBISPO, CA 93407	CPF IS A SISTER AUXILIARY TO CPSU	634,859.

TOTAL FOR THIS ACTIVITY 634,859.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 4,762,261.

KIMI IKEDA 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
JAMES LOKEY 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
MYRA LUKENS 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	STUDENT DIRECTOR 4.00	0.
NOREEN MARTIN 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
JAKE ODELLO 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	STUDENT DIRECTOR 4.00	0.
CYRUS RAMEZANI 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
DEBORAH READ (PART YEAR) 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
KIM SHOLLENBERGER 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
KAREN WEBB 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
LORLIE LEETHAM 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	EXECUTIVE DIRECTOR 40.00	211,287.
BONNIE MURPHY (PART YEAR) 1 GRAND AVE BLDG 15 SAN LUIS OBISPO, CA 93407	EXECUTIVE DIRECTOR 40.00	194,736.

TOTAL TO FORM 199, PART II, LINE 11

406,023.

FORM 199	OTHER EXPENSES	STATEMENT	9
DESCRIPTION		AMOUNT	
SUPPLIES & EQUIPMENT		3,887,105.	
VEBA DISTRIBUTION		3,430,000.	
CONTRACT & GRANT IDC EX		3,076,203.	
LIVESTOCK EXPENSE		723,101.	
OPERATING EXPENSES		59,028.	
DEPRECIATION		169,688.	
INTEREST		72,053.	
OPERATING EXPENSES		51,181.	
DEPRECIATION		147,131.	
INTEREST		62,474.	
OTHER EXPENSE		83.	
OTHER EXPENSE		72.	
OPERATING EXPENSES		74,347.	
DEPRECIATION		61,132.	
OTHER EXPENSE		2,699.	
DIRECT EXPENSES OF FUNDRAISING EVENTS		686,684.	
PENSION PLAN CONTRIBUTIONS		1,403,817.	
OTHER EMPLOYEE BENEFITS		15,868,084.	
MANAGEMENT FEES		130,766.	
LEGAL FEES		22,006.	
ACCOUNTING FEES		136,103.	
INVESTMENT MANAGEMENT FEES		117,555.	
OTHER PROFESSIONAL FEES		5,060,962.	
ADVERTISING AND PROMOTION		451,799.	
OFFICE EXPENSES		353,153.	
INFORMATION TECHNOLOGY		335,193.	
ROYALTIES		411,030.	
TRAVEL		1,634,087.	
CONFERENCES AND CONVENTIONS		119,398.	
INSURANCE		282,643.	
ALL OTHER EXPENSES		3,389,421.	
TOTAL TO FORM 199, PART II, LINE 17		42,218,998.	

FORM 199	OTHER INVESTMENTS	STATEMENT	10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ALTERNATIVE INVESTMENTS & OTHER		1,077,011.	1,048,242.
CD'S		10,499,469.	10,285,753.
PUBLICLY TRADED SECURITIES		64,646,932.	61,197,015.
TOTAL TO FORM 199, SCHEDULE L, LINE 9		76,223,412.	72,531,010.

FORM 199	OTHER ASSETS	STATEMENT	11
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	10,526,568.	11,722,663.	
PREPAID EXPENSES AND DEFERRED CHARGES	401,933.	518,558.	
OTHER ASSETS	638,000.	638,000.	
OTHER POSTEMPLOYMENT BENEFIT ASSET	4,085,545.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	15,652,046.	12,879,221.	

FORM 199	OTHER LIABILITIES	STATEMENT	12
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	10,444,988.	14,166,617.	
DEPOSITS HELD FOR OTHERS	6,744,822.	7,603,859.	
ACTUARIAL ANNUITY LIABILITIES	1,074,198.	1,387,498.	
POSTEMPLOYMENT BENEFIT OBLIGATIONS	0.	5,311,850.	
PENSION LIABILITY	0.	11,120,981.	
GASB PENSION LIABILITY ADJUSTMENT	0.	2,439,448.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	18,264,008.	42,030,253.	

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	13
DESCRIPTION		AMOUNT	
NET UNREALIZED GAINS/LOSSES ON INVESTMENTS		-3,755,277.	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS		-62,456.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		-3,817,733.	