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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CAL POLY CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
CORPORATION ADMINISTRATION BUIDING

City or town, state or country, and ZIP + 4
SAN LUIS OBISPO, CA 93407

D Employer identification number
95-1648180

E Telephone number
(805) 756-1451

G Gross receipts $ 93,054,103

F Name and address of principal officer
GRANT TREXLER
SEE ABOVE
SAN LUIS OBISPO, CA 93405

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CALPOLYCORPORATION ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1940 | **M** State of legal domicile CA

Part I Summary

1 Briefly 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 EDUCATIONAL MISSION

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	5
5	Total number of employees (Part V, line 2a)	**5**	3,616
6	Total number of volunteers (estimate if necessary)	**6**	22
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	627,586
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,639,708	3,666,863
9	Program service revenue (Part VIII, line 2g)	38,512,911	40,328,267
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,012,699	1,431,984
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,802,804	25,890,371
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,968,122	71,317,485
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,134,360	3,113,602
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,523,530	15,267,112
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	48,811,947	45,913,645
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	65,469,837	64,294,359
19	Revenue less expenses Subtract line 18 from line 12	5,498,285	7,023,126

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	94,575,514	103,741,514
21	Total liabilities (Part X, line 26)	48,265,513	46,646,571
22	Net assets or fund balances Subtract line 21 from line 20	46,310,001	57,094,943

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2011-05-20
Signature of officer | Date

GRANT TREXLER ASSOC EXECUTIVE DIRECTOR / FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROVIDE CAL POLY UNIVERSITY WITH CERTAIN SERVICES AND FACILITIES WHICH ARE AN INTERGRAL PART OF THE EDUCATIONAL MISSION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 25,910,438 including grants of $ 1,088,964) (Revenue $ 23,699,619)

RESEARCH GRANTS & CONTRACTS EXTERNALLY SPONSORED PROJECTS ADMINISTERED BY THE CORPORATION ON BEHALF OF THE UNIVERSITY

4b (Code) (Expenses $ 10,345,999 including grants of $ 2,099,638) (Revenue $ 6,367,833)

RESTRICTED AND DESIGNATED FUNDS ADMINISTERED BY THE CORPORATION TO SUPPORT UNIVERSITY COLLEGES AND PROGRAMS

4c (Code) (Expenses $ 1,883,644 including grants of $) (Revenue $ 1,794,106)

EDUCATIONAL CONFERENCES AND WORKSHOPS FISCAL SERVICES PROVIDED BY THE CORPORATION AND THE UNIVERSITY

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 20,981,613 including grants of $) (Revenue $ 34,472,735)

4e **Total program service expenses** ▶ $ 59,121,694

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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		No
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J*	**23**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	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**		
d	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) and 501(c)(4) 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**		No
b	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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	504		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	3,616		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	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?		6a		No
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).**				
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	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				
a	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)	11b			
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			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 12		
b	Enter the number of voting members that 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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BONNIE MURPHY
1 GRAND AVE BLDG 15
SAN LUIS OBISPO, CA 93407
(805) 756-1131

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	824,125	1,550,772	501,117

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 7

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ED SLEVIN 530 ALAMEDA DEL PRADO PMB 239 NOVATO, CA 94949	LOBBYING	370,000
POOR RICHARDS PRESS 2222 BEEBEE ST SAN LUIS OBISPO, CA 93401	PRINTING	138,330
AMERICAN LITHOGRAPHERS 2629 FIFTH ST SACRAMENTO, CA 95818	PRINTING	144,322
CASSIDY AND ASSOCIATES CMGRP INC PO BOX 7247-6593 PHILADELPHIA, PA 19170	CONSULTING	140,050

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 62,044				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,604,819				
	g	Noncash contributions included in lines 1a-1f $ 133,966				
	h	**Total.** Add lines 1a-1f . . . . . ▶	3,666,863			
		Business Code				
Program Service Revenue	2a	CONTRACTS & GRANTS 900,099	23,699,619	23,699,619		
	b	SERVICE FEES 561,000	9,717,716	9,717,716		
	c	UNIV PROGRAMS SUPPORT 900,099	4,782,642	4,782,642		
	d	CONFERENCES & WORKSHOPS 519,100	1,794,106	1,794,106		
	e	SELF-FUNDED INS REVENUE 524,298	334,184	334,184		
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	40,328,267			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	1,505,714			1,505,714
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 2,358,132				
	b	Less cost or other basis and sales expenses 2,431,862				
	c	Gain or (loss) -73,730				
	d	Net gain or (loss) . . . . . ▶	-73,730			-73,730
Other Revenue	8a	Gross income from fundraising events (not including $ 62,044 of contributions reported on line 1c) See Part IV, line 18 . . . a 221,982				
	b	Less direct expenses . . . b 115,656				
	c	Net income or (loss) from fundraising events . . ▶	106,326	106,326		
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a 43,609,935				
	b	Less cost of goods sold . . b 19,189,100				
	c	Net income or (loss) from sales of inventory . . ▶	24,420,835	23,689,610	627,586	103,639
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS 900,099	1,363,210	1,363,210		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	1,363,210			
	12	**Total revenue.** See Instructions . . . ▶	71,317,485	65,487,413	627,586	1,535,623

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S See Part IV, line 21	3,113,602	3,113,602		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	323,127	151,169	171,958	0
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	9,173,856	7,314,047	1,859,809	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,003,782	702,287	301,495	0
9	Other employee benefits	3,709,205	3,162,834	546,371	0
10	Payroll taxes	1,057,142	852,616	204,526	0
11	Fees for services (non-employees)				
a	Management	175,264	0	175,264	0
b	Legal	28,671	0	28,671	0
c	Accounting	148,979	12,522	136,457	0
d	Lobbying	200,000	200,000	0	0
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	216,147	0	216,147	0
g	Other				
12	Advertising and promotion				
13	Office expenses	1,505,356	1,406,133	99,223	0
14	Information technology				
15	Royalties				
16	Occupancy	1,664,091	1,330,572	333,519	0
17	Travel	59,853	55,404	4,449	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,883,644	1,883,644	0	0
20	Interest	46,528	756	45,772	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,326,332	1,117,735	208,597	0
23	Insurance	619,635	610,012	9,623	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CONTRACT & GRANT EXPENSE	20,981,211	20,981,211	0	0
b	UNIVERSITY SUPPORT	8,330,234	8,330,234	0	0
c	UNIVERSITY CONTRACT LABOR	3,072,158	2,629,796	442,362	0
d	ADMINISTRATION CHARGES	2,157,244	2,126,413	30,831	0
e	EQUIPMENT RENTAL & MAINT	922,388	713,655	208,733	0
f	All other expenses	2,575,910	2,427,052	148,858	0
25	**Total functional expenses.** Add lines 1 through 24f	64,294,359	59,121,694	5,172,665	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		315,836	1	74,129
	2	Savings and temporary cash investments		11,000,657	2	10,687,997
	3	Pledges and grants receivable, net		9,603,184	3	8,357,204
	4	Accounts receivable, net		5,955,751	4	2,468,695
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		744,709	7	3,931,686
	8	Inventories for sale or use		4,405,131	8	4,409,945
	9	Prepaid expenses and deferred charges		772,539	9	588,658
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 37,493,423			
	b	Less accumulated depreciation	10b 16,084,589	17,767,065	10c	21,408,834
	11	Investments—publicly traded securities		39,035,115	11	48,882,042
	12	Investments—other securities See Part IV, line 11		3,351,792	12	1,380,378
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,623,735	15	1,551,946
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		94,575,514	16	103,741,514
Liabilities	17	Accounts payable and accrued expenses		12,611,515	17	11,094,731
	18	Grants payable			18	
	19	Deferred revenue		4,675,975	19	5,107,567
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		5,802,284	23	3,910,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		25,175,739	25	26,534,273
	26	**Total liabilities.** Add lines 17 through 25		48,265,513	26	46,646,571
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		31,546,270	27	43,968,786
	28	Temporarily restricted net assets		7,295,232	28	5,880,358
	29	Permanently restricted net assets		7,468,499	29	7,245,799
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		46,310,001	33	57,094,943
	34	Total liabilities and net assets/fund balances		94,575,514	34	103,741,514

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CAL POLY CORPORATION

Employer identification number
95-1648180

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction 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 government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	17,254,377	9,526,309	3,215,141	3,924,111	3,666,863	37,586,801
2 Tax revenues levied for the organization'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	548,391	512,051	597,591	588,598	569,933	2,816,564
4 **Total.** Add lines 1 through 3	17,802,768	10,038,360	3,812,732	4,512,709	4,236,796	40,403,365
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)						10,103,653
6 **Public Support.** Subtract line 5 from line 4						30,299,712

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	17,802,768	4,934,035	3,812,732	4,512,709	4,236,796	40,403,365
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,331,352	4,934,035	2,670,095	2,232,523	2,133,058	18,301,063
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	463,259	898,336	1,137,003	3,292,515	1,363,210	7,154,323
11 **Total support** (Add lines 7 through 10)						65,858,751

12	Gross receipts from related activities, etc (See instructions)	12	372,088,477

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	46 010 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	55 570 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
8 **Public Support** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test
OTHER INCOME PART II, LINE 10, DESCRIPTION OTHER INCOME, 2005 463259 , 2006 898336 , 2007 1137003 , 2008 3292515 , 2009 1363210 ,

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
CAL POLY CORPORATION	95-1648180

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		200,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			200,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Pt II-B Line 1i		Cal Poly Corporation engaged the services of the Ed Slevin Company, a political consulting firm, to obtain an appropriation from the Department of Defense Budget and the VA/HUD Bill, for Economic Development initiatives related to the study and evaluation of a research park in San Luis Obispo, California. Ed Slevin Company's efforts were limited to meeting with or calling legislators and their staff on the Department of Defense sub-committee of appropriations and the VA/HUD Committee

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CAL POLY CORPORATION

Employer identification number
95-1648180

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☑ Public exhibition
- b ☐ Scholarly research
- c ☑ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,439,164		8,439,164
b Buildings		11,871,877	7,310,912	4,560,965
c Leasehold improvements		583,534	187,301	396,233
d Equipment		9,658,990	7,757,499	1,901,491
e Other		6,939,858	828,877	6,110,981
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				21,408,834

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCUMULATED POSTRETIREMENT BENEFIT OBLIGATION	23,879,789
ACTUARIAL ANNUITY LIABILITIES	1,063,038
INTERFUND ADVANCES	1,551,946
NOTE PAYABLE TO RELATED PARTY	39,500
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	26,534,273

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	71,317,485
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	64,294,359
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,023,126
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,761,816
9	Total adjustments (net) Add lines 4 - 8	9	3,761,816
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,784,942

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	94,981,274
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,687,095		
b	Donated services and use of facilities	2b	597,218		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	74,720		
e	Add lines **2a** through **2d**			2e	4,359,033
3	Subtract line **2e** from line **1**			3	90,622,241
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-19,304,756		
c	Add lines **4a** and **4b**			4c	-19,304,756
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	71,317,485

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	84,196,332
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	597,218		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	19,304,755		
e	Add lines **2a** through **2d**			2e	19,901,973
3	Subtract line **2e** from line **1**			3	64,294,359
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	64,294,359

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Pt III Line 1a		IN ACCORDANCE WITH THE PROVISIONS OF ASC 958-360-45-5 (FORMERLY SFAS NO 116), THE CORPORATION'S ART COLLECTION ACQUIRED BY DONATION HAS NOT BEEN RECORDED IN ITS FINANCIAL STATEMENTS AS THE COLLECTION IS HELD FOR PUBLIC EXHIBITION OR EDUCATION, IS PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED, AND SUBJECT TO A POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS TEH VALUE OF THE COLLECTIONS IS ESTIMATED AT $1,400,000 AT JUNE
Pt III Line 4		SEE LINE 1A DESCRIPTION, ABOVE
Pt XI Line 8		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 74721 CHANGE IN CUMULATIVE NET UNREALIZED GAINS/LOSSES 3687095
Pt XII Line 2d		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 74721
Pt XII Line 4b		COST OF GOODS SOLD -19189100 FUNDRAISING EXPENSES -115656
Pt XIII Line 2d		COST OF GOODS SOLD 19189100 FUNDRAISING EXPENSES 115656

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
CAL POLY CORPORATION

Employer identification number
95-1648180

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MUSTANG MADNESS (event type)	(b) Event #2 WRESTLING TOURNAMENT (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	176,876	57,827	49,323	284,026
	2 Less Charitable contributions	5,670	23,529	32,845	62,044
	3 Gross income (line 1 minus line 2)	171,206	34,298	16,478	221,982
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	3,102	8,430	498	12,030
	6 Rent/facility costs	43,300	13,363	20,771	77,434
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,945	892	8,355	26,192
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				115,656
	11 Net income summary Combine lines 3, column d, and line 10 ▶				106,326

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CAL POLY CORPORATION

Employer identification number
95-1648180

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 17

3 Enter total number of other organizations . . . ▶ 5

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Pt I Line 2		PAYMENTS TO CALIFORNIA POLYTECHNIC STATE UNIVERSITY ASSOCIATED WITH GRANTS AND SCHOLARSHIPS ARE MADE DIRECTLY TO THE UNIVERSITY THE UNIVERSITY DETERMINES THE EVALUATION AND QUALIFICATION PROCESS IN AWARDING FUNDS TO INDIVIDUALS PAYMENTS TO OTHER ORGANIZATIONS ARE RELATED TO EXPENDITURE REQUESTS FOR ALLOWABILITY, ALLOCABILITY AND REASONABLENESS IN ACCORDANCE WITH THE SPONSORED PROJECT'S PURPOSE PRIOR TO EXPENSE APPROVAL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CAL POLY CORPORATION

Employer identification number
95-1648180

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MR LAWRENCE KELLY	(i) (ii)	218,051			36,430	10,452	264,933	
DR DANIEL HOWARD-GREENE	(i) (ii)	151,135			25,249	10,380	186,764	
DR DAVID WEHNER	(i) (ii)	174,306			29,121	13,978	217,405	
DR CORNEL MORTON	(i) (ii)	173,378			28,966	10,452	212,796	
MS SANDRA OGREN	(i) (ii)	209,643			35,025	10,452	255,120	
MS BONNIE MURPHY	(i) (ii)	144,965			24,219	5,673	174,857	
MR DALE TEXTER	(i) (ii)	139,828			17,575	14,555	171,958	
MR FRANK CAWLEY	(i) (ii)	125,528			15,778	9,863	151,169	
DR CHARLES BURT	(i) (ii)	109,556 140,082			22,982	10,334	109,556 173,398	
DR MARK MOLINE	(i) (ii)	106,402 136,858			22,882	16,194	106,402 175,934	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CAL POLY CORPORATION

Employer identification number
95-1648180

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	4	11,551	
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OTHER ASSETS)	X	6	122,415	
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Pt I Line 32b	Form 990	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

Additional Data

Software ID:
Software Version:
EIN: 95-1648180
Name: CAL POLY CORPORATION

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CAL POLY CORPORATION

Employer identification number
95-1648180

Identifier	Return Reference	Explanation
Pt VI-B, Line 11A		FORM 990 IS REVIEWED BY THE CONTROLLER, THE ASSOCIATE EXECUTIVE DIRECTOR OF FINANCE AND BUSINESS OPERATIONS AND THE EXECUTIVE DIRECTOR THE FORM 990 IS ALSO REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO BEING FILED

Identifier	Return Reference	Explanation
Pt VI-C, Line 19		ALL POLICIES, INCLUDING THE CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS AND FORMS 990 FOR THE PAST THREE YEARS ARE AVAILABLE TO THE PUBLIC ON THE CAL POLY COPORATION WEBSITE

Identifier	Return Reference	Explanation
Pt VI-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

Identifier	Return Reference	Explanation
Pt VI-B, Line 15		AS REQUIRED BY STATE LAW, THE CORPORATION DETERMINES COMPENSATION BASED ON COMPARABILITY OF STATE EMPLOYEES OF THE UNIVERSITY PERFORMING SUBTANTIALLY SIMILAR SERVICES FOR NOT SUBSTANTIALLY SIMILAR SERVICES, SALARIES MUST BE AT LEAST EQUAL TO SALARIES PREVAILING IN OTHER EDUCATIONAL INSTUTUTIONS OR COMMERCIAL OPERATIONS OF LIKE NATURE BASED ON BIANNUAL SALARY SURVEYS OF OTHER COMMERCIAL AND NON-PROFIT ORGANIZATIONS IN THE AREA OR THE STATE UNIVERSITY SYSTEMS

Identifier	Return Reference	Explanation
other		ADDITIONAL INFORMATION REGARDING TIMING OF CAL POLY CORPORATION FORM 990 FILINGTHE CAL POLY CORPORATION WOULD LIKE TO REQUEST THAT THE IRS WAIVE ANY PENALTIES RELATED TO THE TIMING OF THE 2009 FORM 990 FILING BELOW IS AN EXPLANATION AS TO THE REASONABLE CAUSE FOR DELAY PRIOR TO THE 2009 TAX YEAR, THE CORPORATION'S EXTERNAL AUDIT FIRM PREPARED THE CORPORATION 990 RETURN AND SUBMITTED IT ELECTRONICALLY ON BEHALF OF THE CORPORATION IN AN EFFORT TO REDUCE COSTS, THE CAL POLY CORPORATION PREPARED ITS OWN FORM 990 FOR THE 2009 TAX YEAR THE CORPORATION UTILIZED THE PROSERIES SOFTWARE FOR THE PREPARATION OF THIS FORM 990 THE CORPORATION WAS AWARE THAT IT WAS REQUIRED TO E-FILE THE FORM 990, HOWEVER, IT WAS NOT FAMILIAR WITH THE E-FILE PROCESS ON 5/16/11, THE CORPORATION TIMELY MAILED THE 990-T AND RRF-1 FORMS TO THE APPROPRIATE AGENCIES WHEN THE CORPORATION ATTEMPTED TO E-FILE THE FORM 990, HOWEVER, IT WAS PROMPTED TO ENTER AN EFIN IN ORDER TO PROCESS, AND NEEDED TO OBTAIN THIS NUMBER FROM THE IRS ON 5/16/11, THE CORPORATION CONTACTED THE IRS E-FILE HELPLINE AND SPOKE WITH NICOLE SALAZAR WHO OPENED UP E-CASE #2443811 AFTER DISCUSSIONS WITH NICOLE, IT WAS DETERMINED THAT THE CAL POLY CORPORATION HAS AN EXISTING EFIN LISTED UNDER ITS EIN, HOWEVER, THE NAME ASSOCIATED WITH THIS IS EDDY QUIJANO AFTER SOME RESEARCH, IT WAS DISCOVERED THAT THIS INDIVIDUAL IS NOT AN EMPLOYEE OF THE CORPORATION, BUT IS THE PROJECT MANAGER OF THE LOW INCOME TAX CLINIC (LITC) ON CAMPUS HE HAD OPENED UP AN E-FILE ACCOUNT USING THE CORPORATION EIN FOR THIS NOT-FOR-PROFIT BUSINESS, WHICH IS OPERATED AS A SPONSORED RESEARCH PROJECT THROUGH THE CAL POLY CORPORATION ON BEHALF OF CAL POLY STATE UNIVERSITY MR QUIJANO ATTEMPTED TO CONTACT THE IRS TO OBTAIN HIS EFIN AND DETERMINE IF HIS EFIN COULD BE USED TO PROCESS THE CORPORATION FORM 990, BUT THE OFFICES WERE CLOSED ON THE MORNING OF 5/17/11, MR QUIJANO CONTACTED NICOLE SALAZAR AT THE IRS E-HELPLINE AND AFTER MUCH DISCUSSION, DETERMINED THAT THE CORPORATION COULD NOT USE THE EFIN ISSUED FOR THE LITC AS THIS WOULD JEOPARDIZE THE STATUS OF THE LITC CPC WAS INFORMED THAT IT WOULD NEED TO COMPLETE AN APPLICATION FOR A NEW EFIN THE APPLICATION PROCESS WAS STARTED, HOWEVER, THE CASE NEEDED TO BE ELEVATED TO LEVEL 2 TO EXPEDITE THROUGH THE CONFIRMATION CODE PROCESS WENDY FORESTER, THE CONTROLLER OF THE CORPORATION, WAS TRANSFERRED TO LEVEL 2 TO OBTAIN THE CONFIRMATION CODE SHE SPOKE WITH DARLA (EMPLOYEE ID 0144442) DARLA ASSISTED WITH THE PROCESS AND PROVIDED THE CONFIRMATION CODE THAT IRS OFFICE COULD NOT, HOWEVER, COMPLETE THE APPLICATION AND THE CASE WOULD HAVE TO GO TO THE OFFICE IN ANDOVER TO COMPLETE THE APPLICATION PROCESS BY THE TIME WE GOT TO THIS POINT, IT WAS 3PM PACIFIC DAYLIGHT TIME AND THE OFFICE IN ANDOVER HAD CLOSED ON 5/18/11, THE CORPORATION WAS CONTACTED BY MRS CLEVELAND (EMPLOYEE ID 0172803) AT THE ANDOVER OFFICE SHE INSTRUCTED THE CONTROLLER TO COMPLETE THE APPLICATION AND FAX IT OVER SINCE IT COULD NOT BE COMPLETED ONLINE, APPARENTLY DUE TO THE FACT THAT AN EFIN ALREADY EXISTS FOR THIS EIN THE CONTROLLER COMPLETED THE APPLICATION AND FAXED IT AT APPROX 9 30AM PACIFIC DAYLIGHT TIME THE CONTROLLER CONFIRMED WITH AMY JOHNSON AT THE IRS ANDOVER OFFICE THAT THE FAX WAS RECEIVED AT 11 45AM, MRS CLEVELAND CONTACTED THE CONTROLLER WITH THE NEW EFIN, HOWEVER, THE CORPORATION WAS INFORMED THAT IT MUST WAIT 48 HOURS PRIOR TO USING THIS EFIN AND WAS ADVISED TO FILE THE 990 ON 5/20/11

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CAL POLY CORPORATION

Employer identification number
95-1648180

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

(a) Name, address, and EIN 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 501(c)(3))	(f) Direct controlling entity
CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO ONE GRAND AVE SAN LUIS OBISPO, CA 93407 94-6001347		CA	115		
CAL POLY HOUSING CORPORATION CORP ADMINISTRATION BLDG 15 SAN LUIS OBISPO, CA 93407 91-2148915		CA	501(C)(3)	509(A)(3)	
CALIFORNIA POLYTECHNIC STATE UNIVERSITY ONE GRAND AVE BLDG 01 413 SAN LUIS OBISPO, CA 93407 20-4927897		CA	501(C)(3)	170(B)(1)(A)(IV)	

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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 95-1648180
Name: CAL POLY CORPORATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 20,981,613 including grants of $) (Revenue $ 34,472,735)

EDUCATIONAL BOOKTORE PROVIDES BOOKS, LEARNING MATERIALS AND EQUIPMENT FOR THE UNIVERSITY STUDENTS AND FACULTY/STAFF, AG PROJECTS, CAMPUS DINING DINING SERVICES ON CAMPUS FOR UNIV STUDENTS AND FACULTY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR LAWRENCE KELLEY CHAIR	2 00	X		X				0	218,051	46,882
DR DANIEL HOWARD-GREENE VICE CHAIR	2 00	X		X				0	151,135	35,629
DR DAVID WEHNER SEC /TREAS	2 00	X		X				0	174,306	43,099
MS PENNY BENNETT DIRECTOR	1 00	X						0	96,754	26,504
DR BILL KELLOGG DIRECTOR	1 00	X						0	105,600	31,871
DR CORNEL MORTON DIRECTOR	1 00	X						0	173,378	39,418
MS SANDRA OGREN DIRECTOR	1 00	X						0	209,643	50,877
MR THOMAS LEBENS ESQUIRE DIRECTOR	1 00	X						0	0	0
MR JAMES BRABECK DIRECTOR	1 00	X						0	0	0
MR JAMES LOKEY DIRECTOR	1 00	X						0	0	0
MR BRENT JOHNSON STUDENT MEMBER	1 00	X						0	0	0
MR CARL PAYNE STUDENT MEMBER	1 00	X						0	0	0
MS BONNIE MURPHY EXECUTIVE DIRECTOR	40 00				X			0	144,965	29,893
MR DALE TEXTER CFO	40 00				X			139,828	0	32,130
MR THOMAS WELTON CAMPUS DINING DIRECTOR	40 00					X		122,180	0	27,077
MR FRANK CAWLEY BOOKSTORE DIRECTOR	40 00				X			125,528	0	25,641
MS STARR LEE LEGAL COUNSEL	40 00					X		115,128	0	21,250
DR CHARLES BURT PROFESSOR	20					X		109,556	140,082	33,317
DR MARK MOLINE PROFESSOR	20					X		106,402	136,858	39,076
MR BEAU FREEMAN SR IRRIGATION ENGINEER	40					X		105,503		18,453

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
CONTRACTS & GRANTS	900,099	23,699,619	23,699,619		
SERVICE FEES	561,000	9,717,716	9,717,716		
UNIV PROGRAMS SUPPORT	900,099	4,782,642	4,782,642		
CONFERENCES & WORKSHOPS	519,100	1,794,106	1,794,106		
SELF-FUNDED INS REVENUE	524,298	334,184	334,184		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CONTRACT & GRANT EXPENSE	20,981,211	20,981,211	0	0
UNIVERSITY SUPPORT	8,330,234	8,330,234	0	0
UNIVERSITY CONTRACT LABOR	3,072,158	2,629,796	442,362	0
ADMINISTRATION CHARGES	2,157,244	2,126,413	30,831	0
EQUIPMENT RENTAL & MAINT	922,388	713,655	208,733	0

Additional Data Return to Form

Software ID: 09000048
Software Version:
EIN: 95-1648180
Name: CAL POLY CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALIFORNIA POLYTECHNIC STATE UNIVONE GRAND AVE SAN LUIS OBISPO,CA 93407	94-6001347	115	749,582				STUDENT GRANTS AND SCHOLARSHIPS
CALIFORNIA POLYTECHNIC STATE UNIVONE GRAND AVE SAN LUIS OBISPO,CA 93407	94-6001347	115	1,350,056				SUPPORT OF THE UNIVERSITY
LAWRENCE BERKELEY NATIONAL LABPO BOX 3900 SAN FRANCISCO,CA 94139	94-2951741	501(C)(3)	43,458				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
PATERSONLABS8714 SOUTH 222ND ST KENT,WA 98031	91-2014239		414,940				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
PENSCIL INCPO BOX 6249 LOS OSOS,CA 93412	77-0498009		65,000				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
CSU EAST BAY FOUNDATION25976 CARLOS BEE BLVD HAYWARD,CA 94542	94-1524922	501(C)(3)	5,905				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
CSU FULLERTON FOUNDATION800 N STATE COLLEGE BLVD CP-205 FULLERTON,CA 92831	95-2081258	501(C)(3)	5,478				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
SAN FRANCISCO STATE UNIVERSITY1600 HOLLOWAY AVE SAN FRANCISCO,CA 94132	93-1137247	115	5,932				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION210 N FOURTH ST 4TH FL SAN JOSE,CA 95112	94-6017638	501(C)(3)	5,802				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
DEWBERRY & DAVIS LLCPO BOX 1824 MERRIFIELD,VA 22116	54-0604420		7,867				SUBAWARD UNDER SPONSORED PROGRAMS GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO STATE UNIVERSITYUNIVERSITY ENTERPRISES 6000 J ST SU SACRAMENTO,CA 95819	94-1337638	501(C)(3)	13,027				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
SCRIPPS RESEARCH INSTITUTE10550 NORTH TORREY PINES ROAD LA JOLLA,CA 92037	33-0435954	501(C)(3)	20,000				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
TOWSON UNIVERSITY8000 YORK ROAD TOWSON,MD 21252	52-6002033	115	7,560				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
MICHIGAN STATE UNIVERSITY301 ADMIN BLDG EAST LANSING,MI 48824	38-6005984	501(C)(3)	38,817				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA SANTA BARBARA3227 CHEADLE HALL SANTA BARBARA,CA 93106	95-6006145	501(C)(3)	29,299				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - DAVIS185 RESEARCH PARK DR STE 300 DAVIS,CA 95618	94-6036494	115	36,146				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
TENERA ENVIRONMENTAL 141 SUBURBAN RD SAN LUIS OBISPO,CA 93401	20-2014853		9,993				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
DON MARUKA & COMPANY 895 NAPA AVE STE A-5 MORRO BAY,CA 93442	77-0440811		95,000				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
BATTELLE MARINE SCIENCES LABORATORY 1529 WEST SEQUIM BAY ROAD SEQUIM,WA 98382	31-4379427	501(C)(3)	49,968				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
ASAF AFMC AECDCNFAC CONTRACTING DIRECTORATE 100 KINDREL ARNOLD AFB,TN 37389		115	30,000				SUBAWARD UNDER SPONSORED PROGRAMS GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GA TECH APPLIED RESEARCH CENTERPO BOX 277004 ATLANTA,GA 30384	58-0603146	501(C)(3)	129,772				SUBAWARD UNDER SPONSORED PROGRAMS GRANT
CSU FRESNO FOUNDATION 4910 N CHESTNUT AVE FRESNO,CA 93726	94-6003272	501(C)(3)	75,000				SUBAWARD UNDER SPONSORED PROGRAMS GRANT

Additional Data

Return to Form

Software ID: 09000048
Software Version:
EIN: 95-1648180
Name: CAL POLY CORPORATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	CAL POLY HOUSING CORPORATION	d	3,259,873
(2)	CAL POLY HOUSING CORPORATION	k	10,000
(3)	CAL POLY HOUSING CORPORATION	a	152,940
(4)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION	b	1,534,312
(5)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION	c	1,824,637
(6)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION	d	537,782
(7)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION	k	2,337,145
(8)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO	b	2,099,638
(9)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO	o	4,995,634
(10)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO	k	6,357,385
(11)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO	q	142,082
(12)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO	l	3,075,398
(13)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO	d	500,000
(14)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION	e	1,139,500
(15)	CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION	l	124,092