TAXABLE YEAR

## **California Exempt Organization Annual Information Return**

328941 11-14-13 FORM

Calculate Veries 2013 or focal year beginning (immutidity-yyy)  Organisation (person share)  CAL POLY CORPORATION  ORGANIZATION ADMIN BUILDING 15  ORGANIZATIO	201	3	Annual Information Return			199
CAL POLY CORPORATION  Another bounds about a core of PRES TO STATE ADMIN BUILDING 15  TON  SAN LUIS OBISPO  CA PISS PART ADMIN BUILDING 15  Amended information Return  B Circle Accounting method:  CIRC Section 4974(1) thrus:  B Circle Accounting method:  CIRC Section 4974(1) thrus:  B Circle Accounting method:  CIRC Section 4974(1) thrus:  CIRC Section 497	Calendar Yea	r 2013	or fiscal year beginning (mm/dd/yyyy) $07/01/2013$ , and ending (mm/dd	d/yyyy)	06	/30/2014 .
CORPORATION ADMIN BUILDING 15  Coy SAN LUIS OBISPO  Chase   Span   Poore   San Children   San   Poore   San Hormation Return   Yes   X   No   Amended Information Return   Yes   X   No   Chase   Poore   Yes   X   No   Amended Information Return   Yes   X   No   Chase   Poore   Yes   X   No   Chase   Poore   Yes   X   No   Amended Information Return   Yes   X   No   Chase   Poore   Yes   X   No   Chase	Corporation/O	rganiza	ion Name	California corpo	oration	number
SANN LUIS OBISPO   State   PS - 1648180						
CORPORATION ADMIN BUILDING 15  Object  A First Return  A Memorited information Return  Objection 4947(a) (1) trust  Dissolved  Disso					601	
SAN LUIS OBISPO			'			4.0.0
A First Return		AT.		95-1	648	180
A First Return						
B Amended information Return			V V III I POTO II	0070444		
C IRC Section 447(a)(1) trust				-		
Description Information Return?  □ Dissolved □ Surrendered (Withdrawn) □ Magnedrescandated Errer date (emode/pyyr) • □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (1) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (3) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (4) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (5) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (6) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (7) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (8) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (8) □ Cash (2) ☑ Accrual (3) □ Other  F Federal return filed?  (9) □ Other organization in a group exemption?  (1) □ Other organization in a group exemption?  (2) □ Other organization in a group exemption?  (3) □ Other organization in a group exemption?  (4) □ Other organization in a group exemption?  (5) □ Other organization in a group exemption?  (6) □ Other organi						
Dissolved   Surrendered (Withdrawn)			(-)	-	-	
E Check accounting method:  (1)						
E Check accounting method:						165 [2 <u>1</u> ] NU
Comparization   Comparizatio						701g? ● Yes X No
Federal return filed?   (1)		_				7019 100 <u>[==</u> No
(1)	` '					\$
Stitus a group filing for the subordinates/affiliates?   Ves   No If Yes, "attach a roster. See instructions   Ves   X No If Yes," what is the parent's name?   Ves   X No If Yes," what is the parent's name?   Ves   X No If Yes," what is the parent's name?   Ves   X No If Yes, "what is the parent's name?   Ves   X No If Yes, "what is the parent's name?   Ves   X No If Yes, "explain, and attach copies of incorporation, or bylaws that have not been reported to the Franchise Tax Board?   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and attach copies of revised documents.   Ves   X No If Yes, "explain, and it is the part of Yes   X No If	(1) <b>●</b> X	990				
If Yes," attach a roster. See instructions  If Yes is its organization in a group exemption?  If Yes, what is the parent's name?  If yes, and is the parent's name?  If yes, and is the organization in limited Lability Company?  If yes is not yes, what is the parent's name?  If yes, and is the organization in limited Lability Company?  If yes is name is name?  If yes, is name, and is namen	G Is this a	group		al, or charitab	le, and	l is
If "Yes," what is the parent's name?  I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylavs that have not been reported to the Franchise Tax Board?  If "Yes," explain, and attach copies of revised documents.  If "Yes," explain, and tatach copies of revised documents.  If "Yes a sylain, and attach copies of revised documents.  If "Yes a sylain, and attach copies of revised documents.  If "Yes a sylain, and attach copies of revised documents.  If "Yes a sylain, and attach copies of revised documents.  If "Yes a sylain, and attach copies of revised documents.  If "Yes a sylain, and attach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised documents.  If "Yes a sylain, and tatach copies of revised and attach and a sylain and and a sylain and and a sylain and a s				ore) by public	contr	ibutions,
Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?	H Is this or	ganiza		red.		
Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?	If "Yes," \	what is	the parent's name? M Is the organization a Limited Lia	ability Compai	ny?	• Yes X No
Instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board?			N Did the organization file Form 1	00 or Form 10	09 to	
not been reported to the Franchise Tax Board?		-	ation have any changes in its activities, governing report taxable income?			• X Yes No
Part   Complete Part   unless not required to file this form. See General Instructions B and C.    1 Gross sales or receipts from other sources. From Side 2, Part II, line 8						
Part I Complete Part I unless not required to file this form. See General Instructions B and C.    Total costs also contributions, girls, grants, and similar amounts received   STMT 1						Yes X No
1   Gross sales or receipts from other sources. From Side 2, Part II, line 8						
2 Gross dues and assessments from members and affiliates   3 Gross contributions, gifts, grants, and similar amounts received   STMT 1	Parti	<del></del>	<u> </u>	•	4	97 867 400 00
Receipts and Total gross receipts for filing requirement test. Add line 1 through line 3.  This line must be completed. If the result is less than \$50,000, see General Instruction B  5 Cost of goods sold STMT 2   6 Cost or other basis, and sales expenses of assets sold   7 Total costs. Add line 5 and line 6  8 Total gross income. Subtract line 7 from line 4  Expenses  10 Excess of receipts over expenses and disbursements. From Side 2, Part II, line 18  Filing Fee  11 Filing fee \$10 or \$25. See General Instruction F  12 Total payments  13 Penalties and Interest. See General Instruction F  14 Use tax. See General Instruction J  15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  15 Index persuates of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  16 Cost or other basis, and sales expenses of assets sold  17 Total costs. Add line 5 and line 6  8 Total gross income. Subtract line 7 from line 4  18 Paid  Fee  19 Total expenses and disbursements. From Side 2, Part II, line 18  9 God 1, 031, 963 · 00  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  10 9, 691, 713 · 00  11 N/A 00  12 Total payments  12 00  13 00  14 Use tax. See General Instruction F  14 Use tax. See General Instruction F  15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  16 Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief.  18 Signature  19 Firm's name (or yours, If self-employed)  10 Excess of receipts over expenses and disbursements. Subtract line 12 from the result  10 Date  11 Title  11 Title  12 000  13 00  14 Use tax. See General Instruction F  14 000  15 000  16 000  17 Total costs. Add line 11, line 13, and line 14. Then subtract line 12 from the result  10 Interpretation of perjury in the perjury in the perjury in the perjury in t		1			2	
Receipts and Revenues  A Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B    A 103597485.00  Cost of goods sold		1			$\overline{}$	
This line must be completed. If the result is less than \$50,000, see General Instruction B	Receints	Ι.			- 0 1	377337333
Revenues  5 Cost of goods sold  6 Cost or other basis, and sales expenses of assets sold  7 Total costs. Add line 5 and line 6  8 Total gross income. Subtract line 7 from line 4  9 Total expenses and disbursements. From Side 2, Part II, line 18  6 Expenses  Filling Fee  Filling Fee  Filling Fee  Use due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Preparer's Use Only  GLENN BURDETTE  SAN LUIS OBISPO, CA 93401  17 Total costs of receipts over expenses and assets sold  6 Cost or other basis, and sales expenses and sessets sold  6 Cost or other basis, and sales expenses and sessets sold  6 Cost or other basis, and sales expenses and sessets sold  7 Total costs. Add line 6  8 Total gross income. Subtract line 18  9 61, 031, 963. 00  9 61, 031, 963. 00  9 61, 031, 963. 00  9 61, 031, 963. 00  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  10 9, 691, 713. 00  11 Filling fee \$10 or \$25. See General Instruction F  11 N/A 00  12 00  13 00  14 Use tax. See General Instruction K  14 00  15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  10 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's  SAN LUIS OBISPO, CA 93401  STEND PALM STREET  SAN LUIS OBISPO, CA 93401		'		•	4	103597485.00
6 Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 5 and line 6 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 Total expenses and disbursements. Subtract line 9 from line 8 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 11 Filing fee \$10 or \$25. See General Instruction F 12 Total payments 13 Penalties and Interest. See General Instruction J 14 Use tax. See General Instruction K 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Preparer's  Signat		5				
Total costs. Add line 5 and line 6 Total gross income. Subtract line 7 from line 4  Expenses  Filing Fee  Filing Filing Fee  Filing Filing Fee  Filing Filing Fee  Filing Filing Fee  Filing Fee  Filing Fee  Filing Fee  Filing Fee  Filing Fee  Filing Filing Fee  Filing Fe		6	Cost or other basis, and sales expenses of assets sold  • 6 13,319,			
Expenses  9 Total expenses and disbursements. From Side 2, Part II, line 18  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  11 Filing fee \$10 or \$25\$. See General Instruction F  12 Total payments  13 Penalties and Interest. See General Instruction J  14 Use tax. See General Instruction K  15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  15 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Preparer's Signature of officer of officer from the result of the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Preparer's Signature Preparer's Signature Officer Prim's name (or yours, if self-employed) Officer Prim's name (or yours, if self-employed) Officer Prim's name (or yours, if self-employed) Officer O		7			7	
Filing Fee  10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  11 Filing fee \$10 or \$25\$. See General Instruction F  12 Total payments  13 Penalties and Interest. See General Instruction J  14 Use tax. See General Instruction K  15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  15 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Sign Here  Preparer's Signature  OCHeck if self-employed of officer  OTHIN PO1023187  FIRM EXECUT  OCHECK if self-employed of Self-employe		8			8	70,723,676.00
Filing Fee \$10 or \$25. See General Instruction F	Evnancae	9			9	61,031,963.00
Filing Fee  12 Total payments 13 Penalties and Interest. See General Instruction J 14 Use tax. See General Instruction K 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer Preparer's signature of officer of officer of other than taxpayer of other than taxpayer)  Paid Preparer's signature of officer of other than taxpayer of other than taxpayer of other than taxpayer)  Paid Preparer's signature of other than taxpayer of other tha		10				3= / =
Filing Fee  13 Penalties and Interest. See General Instruction J 14 Use tax. See General Instruction K 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signa Here  Preparer's Signature of officer  Signature of officer  Preparer's Signature of officer  Preparer's Signature of officer  Preparer's Signature o		11				N/A 00
Fee  13 Penalties and interest. See General Instruction J 14 Use tax. See General Instruction K 15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Preparer's signature of officer  Preparer's lister of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Date  Otheck if self-employed P01023187  Preparer's signature of cryours, if self-employed P1150 PALM STREET SAN LUIS OBISPO, CA 93401  Firm's name of the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Check if self-employed P11023187  Paid  Firm's name of the 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 to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my knowledge and belief, it is true, correct, and to the best of my kn	Filing	l	Total payments			
15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	•	l		_		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer  Signature of officer  Preparer's signature of organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Date  Other if self-employed Prink  Polito Prink  Firm's name (or yours, if self-employed) Polito 23187  Fillo Polito Pol		Ι.			$\overline{}$	
Sign Here Signature of officer Signature S						
Here Signature of officer of offi	Cian	it is t			ge.	
Preparer's signature  Preparer's Use Only  Paid  Preparer's Use Only  Preparer's San LUIS OBISPO, CA 93401  Date  Check if Self-employed PO1023187  PEIN PO1023187  PEIN PEIN PO1023187  PEIN PO1023187  PEIN PO1023187  PEIN PO1023187  PEIN PO1023187		Signa		ate		Telephone
Preparer's signature  Praid Preparer's Use Only  Preparer's Signature  Firm's name (or yours, if self-employed) and address  Preparer's San LUIS OBISPO, CA 93401  P01023187  PFEIN 95-2772601  Telephone 805-544-1441	11616	OT OTT	Date	hook if		● PTIN
Paid Preparer's Use Only  Firm's name (or yours, if self-employed) and address  AN LUIS OBISPO, CA 93401  Firm's name (or yours, if self-employed) and address  AN LUIS OBISPO, CA 93401		Prepa	rer's Se			P01023187
Preparer's Use Only Or Only Only Only Only Only Only Only Only	Paid		•			
Use Only    Use Only		(or yo	urs, CLENN BURDETTE			
SAN LUIS OBISPO, CA 93401   805-544-1441	Use Only	emple	byed) 1150 PALM STREET			· ·
May the FTB discuss this return with the preparer shown above? See instructions		and a	SAN LUIS OBISPO, CA 93401			805-544-1441
		May	the FTB discuss this return with the preparer shown above? See instructions	• X	Yes	No

## CAL POLY CORPORATION

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

328951	11-14-13

4,762,188.

9,691,713.

												_		
			Gross sales or receipts from all									1	48,980,36	1.00
		2	Interest								•	2		00
		3	Dividends								•	3	1,043,10	
Recei	pts	4	Gross rents								•	4	416,35	50.00
from		5	Gross royalties								•	5		00
Other		6	Gross amount received from sal	e of as	sets (See Instructions)				STA	TEMENT	3 •	6	14,694,37	
Sourc	es	7	Other income					SEE	STA	TEMENT	4 •	7	32,733,20	
		8	Total gross sales or receipts fro	m othe	er sources. Add line 1 th	hrough	line 7	7. Enter h	ere and o	on Side 1, Part	I, line 1	8	97,867,40	
		9	Contributions, gifts, grants, and	simila	r amounts paid ST	ATE	ME	NT 6	STA	TEMENT	5 •	9	6,373,81	L5. <sub>00</sub>
		10	Disbursements to or for member Compensation of officers, direct	rs							•	10		00
		11	Compensation of officers, direct	ors, an	nd trustees			SEE	STA	TEMENT	7 •	11	190,57	
		12	Other salaries and wages								•	12	21,587,31	
Expen	ses		Interest									13		00.00
and			Taxes									14	2,791,39	
Disbu	rse-		Rents									15	1,908,95	52.00
ments	,	16	Depreciation and depletion (See	instru	ctions)						•	16	1,935,41	L1. <sub>00</sub>
		17	Other Expenses and Disburseme	ents	,			SEE	STA	TEMENT	8 •	17	26,244,40	02.00
		18	Total expenses and disburseme	nts. Ac	dd line 9 through line 17	7. Enter	r here	and on	Side 1. P	art I. line 9			61,031,96	
Sch	edul		Balance Sheets		Beginning of							of tax	able year	
Assets	S				(a)			(b)		(	c)		(d)	
1 C	ash					1	5,	380,	211.				• 17,212,	274.
2 N	et acc	ounts	receivable						984.				• 2,220	
			ceivable STMT 9						532.				•	
									605.				• 3,319,	062.
			state government obligations										•	
			in other bonds										•	
			in stock STMT 10			7	3.	419.	964.				• 64,646,	932.
			ans				- /	,					•	, , , , , ,
9 0	ther in	yo loc westr	ments STMT 11				6.	363.	606.				• 11,576,	480.
10 a	Denr	eciah	le assets	4	2,316,119.		- /			42.4	42,76	0.	,,	
iυ u	Less	accii	mulated depreciation		,842,641.)	2	3	473	478.	(20,26)			22,181,	485.
					, , , , , , ,	<del>-</del>			000.	(20,20		1	• 2,880,	
19 0	thar a		STMT 12			$\vdash$			898.				<ul> <li>15,652,</li> </ul>	
									278.				139,688	
			et worth			1	, ,	005,	<u> </u>				133,000	, 100.
			yable				4	600	510.				• 3,487	159
			s, gifts, or grants payable			_	<del>-</del> ,	000,	<u> </u>				• 3,407,	, 100.
						_							•	
			otes payable				2	690,	000				• 2,625,	000
	_		ayable es					671,					18,279	
						-	, ,	O / I ,	370.				•	, 000.
			or principle fund			-							•	
			tal surplus. Attach reconciliation			1 0	<u> </u>	0/13	392.			-	•115,297,	203
			nings or income fund					805,					139,688	
Sch			s and net worth		alea milita in a anna a a a a		,	005,	4/0.				139,000,	, 400.
			Do not complete this sche	dule if	the amount on Schedu	le L, lin			. ,.					
			oer books		• 14,453,9	OI.	7			on books this	-		4 563	1.00
			ne tax		•		1				STMT	Т3	• 4,762,	188.
			pital losses over capital gains		•		8			s return not ch	•			
<b>4</b> In	come	not r	ecorded on books this year		•		]	against	book inco	ome this year			•	

022

14,453,901.

9 Total. Add line 7 and line 8

Subtract line 9 from line 6

10 Net income per return.

5 Expenses recorded on books this year not

6 Total. Add line 1 through line 5

deducted in this return

FORM 199 CF	SH CONTRIBUTIONS OF \$5000 OR MORE INCLUDED ON PART I, LINE 3	SI	CATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ALFRED P. SLOAN FOUNDATION	630 5TH AVE STE 2550 NEW YORK, NY 10111	06/30/14	130,588.
NOYCE FOUNDATION	419 S ANTONIO ROAD, STE 213 LOS ALTOS, CA 94022	06/30/14	190,000.
CAL POLY FOUNDATION	ONE GRAND AVENUE HERON HALL RM 103 SAN LUIS OBISPO, CA 93407	06/30/14	1,412,182.
TOTAL INCLUDED ON LINE	3		1,732,770.

FOR	М 199		_	GOODS SOLD PART I, LINE 5		STATEMENT 2
cos	T OF GOODS SOLD					
1.	INVENTORY AT BEGINNIN	G OF YEAR				4,138,605
2. 3. 4. 5.	MERCHANDISE PURCHASED COST OF LABOR MATERIALS AND SUPPLIE OTHER COSTS ADD LINES 1 THROUGH 5	S	• •		18,735,229	22,873,834
7.	INVENTORY AT END OF Y	EAR			-	3,319,062
8.	COST OF GOODS SOLD (I	INE 6 LES	S LI	NE 7)	-	19,554,772

FORM 199	GROSS AM	TUUOI	FROM	SALE	OF	ASSETS			STATEMENT	3
DESCRIPTION  GAIN ON SALE OF S	SECURITIES				OATI QUII	E RED —	DAT	D AC	ETHOD QUIRED  RCHASED	
			COSTOTHER  13,319			DEPREC	0.	EXPENSE OF SALE		RICE
TOTAL TO FORM 199	9, PAGE 2, LN	1 6	13,31	9,037			0.	0	. 14,694,3	374.
FORM 199			OTHER	INCO	Æ				STATEMENT	4
DESCRIPTION  GRANTS & CONTRACT CONFERENCES & WOR UNIV. PROGRAMS SU SERVICE FEES MISCELLANEOUS	RKSHOPS							_	AMOUNT  18,485,7 2,278,2 3,304,6 5,767,2 2,897,2	294. 584. 257.
TOTAL TO FORM 199	), PART II, I	INE	7						32,733,2	206.

FORM 199 CAS	SH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	S S	TATEMENT 5
ACTIVITY CLASSIFICAT	ION: STUDENT GRANTS & SCHOLARSE	IIPS	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA POLYTECHNIC STATE UNIVERSITY	ONE GRAND AVENUE - SAN LUIS OBISPO, CA 93407	RELATED TAX-EXEMPT ENTITY	453,634.
	TOTAL FOR THIS ACTIVITY		453,634.
	ION: SUPPORT OF UNIVERSITY	D-1 1-1-01-01-1	11107777
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CALIFORNIA POLYTECHNIC STATE UNIVERSITY	ONE GRAND AVENUE - SAN LUIS OBISPO, CA 93407	RELATED TAX-EXEMPT ENTITY	1,222,677.
ACTIVITY CLASSIFICAT	TOTAL FOR THIS ACTIVITY ION: SUBAWARDS UNDER SPONSORED	PROGRAMS GRANTS	1,222,677.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SRI INTERNATIONAL	333 RAVENSWOOD AVENUE - MENLO PARK, CA 94025	NONE	1,077,788.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PHOENIX INTEGRATION	1715 PRATT DRIVE, STE 2000 - BLACKSBURG, VA 24060	NONE	68,554.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
THE MIRIAM HOSPITAL	164 SUMMIT AVENUE - PROVIDENCE, RI 02906	NONE	456,075.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SAN FRANCISCO STATE UNIVERSITY	1600 HOLLOWAY AVE - SAN FRANCISCO, CA 94132	NONE	12,425.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NATIONAL INSTITUTE OF STANDARDS & TECHNO	100 BUREAU DRIVE, STOP 1070 - GAITHERSBURG, MD 20899	NONE	1,124.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PROVOST & PRITCHARD	286 WEST CROMWELL AVENUE - FRESNO, CA 93711	NONE	152,576.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
OREGON STATE UNIVERSITY	B308 KERR ADMIN BLDG - CORVALLIS, OR 97331	NONE	3,493.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UC SANTA CRUZ	1156 HIGH STREET - SANTA CRUZ, CA 95064	NONE	23,588.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF UTAH	75 SOUTH 20000 EAST - SALT LAKE CITY, UT 84112	NONE	30,479.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU, CHICO	CSU CHICO FOUNDATION - CHICO, CA 95929	NONE	26,125.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
HARVEY MUDD COLLEGE	301 PLATT BLVD - CLAREMONT, CA 91711	NONE	193.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU, POMONA	3801 WEST TEMPLE - POMONA, CA 91768	NONE	42,351.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU, BAKERSFIELD	9001 STOCKDALE HWY - BAKERSFIELD, CA 93311	NONE	5,540.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
J.R. GLOUDEMANS	2309 CLIPPER STREET - SAN MATEO, CA 94403	NONE	134,741.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
SANTA BARBARA COUNTY EDUCATION OFFICE	4400 CATHEDRAL OAKS RD - SANTA BARBARA, CA 93110	NONE	800.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
ENVIRONMENTAL RESOURCES SOLUTIONS	2300 NORTHPOINT PKWY - SANTA ROSA, CA 95407	NONE	2,500.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
TRANSITIONS MENTAL HEALTH	784 HIGH ST - SAN LUIS OBISPO, CA 93406	NONE	2,340.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU, FRESNO FOUNDATION	4910 N CHESTNUT AVENUE - FRESNO , CA 93726	NONE	23,039.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KENYON COLLEGE	FACULTY GRANTS & FELLOWSHIPS EDELSTEIN HOUSE - GAMBIER , OH 43022	NONE	15,907.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PENNINGTON BIOMEDICAL RESEARCH CENTER	6400 PERKINS ROAD - BATON ROUGE, LA 70808	NONE	58,770.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
REGENTS OF THE UNIVERSITY OF CA, BERKELE	2150 SHATTUCK AVENUE STE 313 - BERKELEY, CA 94704	NONE	88,619.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
TYVAK	15265 ALTON PARKWAY, STE 200 - IRVINE, CA 92318	NONE	260,138.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UC, RIVERSIDE	200 UNIVERSITY OFFICE BLDG - RIVERSIDE , CA 92521	NONE	25,643.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UC, IRVINE	5171 CALIFORNIA AVENUE, STE 150 - IRVINE, CA 92697	NONE	44,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF DELAWARE	210 HULIHEN HALL - NEWARK, DE 19716	NONE	23,313.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF ILLINOIS, CHICAGO	1737 WEST POLK STREET - CHICAGO, IL 60612	NONE	37,296.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF NORTH CAROLINA	104 AIRPORT DRIVE STE 2200 - CHAPEL HILL, NC 27599	NONE	98,054.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CSU, SACRAMENTO	6000 J ST - SACRAMENTO, CA 95819	NONE	3,562.
ACTIVITY CLASSIFICAT	TOTAL FOR THIS ACTIVITY ION: SUPPORT OF UNIVERSITY AUX	ΓΙ.ΤΆΡΤ <b>Γ</b> Ω	2,719,033.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CAL POLY STATE UNIVERSITY FOUNDATION	ONE GRAND AVENUE HERON HALL STE 103 - SAN LUIS OBISPO, CA 93407	CPF IS A SISTER AUXILIARY TO CPSU	722,812.
	TOTAL FOR THIS ACTIVITY		722,812.
TOTAL INCLUDED ON FOR	RM 199, PART II, LINE 9	-	5,118,156.

	NO		TRIBUTIONS		RANTS	STATEMENT	6
ACTIVITY	CLASSIFICAT	ION: SUPP	ORT OF UNI	VERSITY			
NAME OF	DONEE	ADDRESS	OF DONEE		RELATIONSHIP	AMOUN	Т
CALIFORN POLYTECH UNIVERSI	NIC STATE		ND AVENUE CA 93407	- SAN LUIS	RELATED TAX-EXEMPT ENTITY	1,255,6	59.
_	BOOK VALUE OF GIFT	PROPERTY	DESCRIPTI		HOD USED TO MINE BOOK VALUE		
06/30/14	0.	ASSET TR UNIVERSI	ANSFER TO	BOOK			
				TOTAL FOR	R THIS ACTIVITY	1,255,6	59.
TOTAL IN	CLUDED ON FO	RM 199, P	ART II, LI	NE 9		1,255,6	59.
FORM 199	COMPENS	ATION OF	OFFICERS,	DIRECTORS A	אור שסוומשבים	STATEMENT	
							7 
NAME AND	ADDRESS			TITL	E AND	COMPENSAT	
MS. BETS	ADDRESS Y KINSLEY ION ADMIN BU OBISPO, CA		-	TITL	E AND S WORKED/WK		
MS. BETS CORPORAT SAN LUIS MR. MICH CORPORAT	Y KINSLEY ION ADMIN BU	93407 TILDING 15		TITLI AVERAGE HRS CHAIR/CEO	E AND S WORKED/WK		ION
MS. BETS CORPORAT SAN LUIS MR. MICH CORPORAT SAN LUIS MR. ANDY CORPORAT	Y KINSLEY ION ADMIN BU OBISPO, CA AEL MILLER ION ADMIN BU OBISPO, CA	93407 TILDING 15 93407 TILDING 15	-	TITLI AVERAGE HRS CHAIR/CEO 4.0	E AND S WORKED/WK  00  ./CFO		ION 0.
MS. BETS CORPORAT SAN LUIS MR. MICH CORPORAT SAN LUIS MR. ANDY CORPORAT SAN LUIS MR. JAME CORPORAT	Y KINSLEY ION ADMIN BU OBISPO, CA AEL MILLER ION ADMIN BU OBISPO, CA THULIN ION ADMIN BU	93407 TILDING 15 93407 TILDING 15 93407 TILDING 15	•	TITLI AVERAGE HRS CHAIR/CEO 4.0  VICE CHAIR 4.0  SEC./TREAS	E AND S WORKED/WK  00  ./CFO		0. 0.

CAL POLY CORPORATION		95-1648180
MR. THOMAS LEBENS, ESQUIRE CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
MR. JAMES LOKEY CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
MR. CYRUS RAMEZANI CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
MS. DEBORAH READ CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
MS. KIM SHOLLENBERGER CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
MS. KAREN WEBB CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	DIRECTOR 4.00	0.
NATHAN HONNEYCUT CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	STUDENT DIRECTOR 4.00	0.
CHRISTOPHER NIELSEN CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	STUDENT DIRECTOR 4.00	0.
BONNIE MURPHY CORPORATION ADMIN BUILDING 15 SAN LUIS OBISPO, CA 93407	EXECUTIVE DIRECTOR 40.00	190,575.
TOTAL TO FORM 199, PART II, LINE 1	11	190,575.
FORM 199 C	OTHER EXPENSES	STATEMENT 8
DESCRIPTION		AMOUNT
SUPPLIES & EQUIPMENT CONTRACT & GRANT IDC EX LIVESTOCK EXPENSE GENERAL EQUIPMENT MAINT OPERATING EXPENSES DEPRECIATION INTEREST OPERATING EXPENSES		3,304,998. 2,653,515. 1,572,246. 565,567. 40,917. 167,555. 73,003. 36,052.

CAL POLY CORPORATION			95-1648180
DEPRECIATION INTEREST OTHER EXPENSE OTHER EXPENSE	147,635. 64,324. 342. 302.		
DIRECT EXPENSES OF FUNDRAIS PENSION PLAN CONTRIBUTIONS OTHER EMPLOYEE BENEFITS MANAGEMENT FEES	ING EVENTS		234,468. 1,058,519. 4,480,279. 72,234.
LEGAL FEES ACCOUNTING FEES PROFESSIONAL FUNDRAISING FEINVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION	ES		544. 146,673. 132,933. 148,012. 3,964,933. 574,374.
OFFICE EXPENSES INFORMATION TECHNOLOGY ROYALTIES TRAVEL CONFERENCES AND CONVENTIONS			351,233. 314,613. 384,261. 1,488,819. 125,543.
INSURANCE ALL OTHER EXPENSES	T TMD 17		285,823. 3,854,685.
TOTAL TO FORM 199, PART II,	LINE 17		26,244,402.
FORM 199	NET NOTES RECEIVABLE		STATEMENT 9
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NOTES AND LOANS RECEIVABLE,	NET	415,532.	0.
TOTAL TO FORM 199, SCHEDULE	L, LINE 3	415,532.	0.
FORM 199	INVESTMENTS IN STOCK		STATEMENT 10
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES		73,419,964.	64,646,932.
TOTAL TO FORM 199, SCHEDULE	L, LINE 7	73,419,964.	64,646,932.

FORM 199	OTHER INVESTMENTS		STATEMENT 11
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ALTERNATIVE INVEST	MENTS & OTHER	1,380,330. 4,983,276.	1,077,011.
TOTAL TO FORM 199,	SCHEDULE L, LINE 9	6,363,606.	11,576,480.
FORM 199	OTHER ASSETS		STATEMENT 12
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS PREPAID EXPENSES A OTHER ASSETS OTHER POSTEMPLOYME	ND DEFERRED CHARGES	8,732,715. 437,183. 638,000. 0.	10,526,568. 401,933. 638,000. 4,085,545.
TOTAL TO FORM 199,	SCHEDULE L, LINE 12	9,807,898.	15,652,046.
FORM 199	INCOME RECORDED ON BOOKS THIS NOT INCLUDED IN THIS RETU		STATEMENT 13
DESCRIPTION			AMOUNT
NET UNREALIZED GAINS/LOSSES ON INVESTMENTS CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS			4,568,340. 193,848.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7			4,762,188.