

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019**Open to Public
Inspection****A For the 2019 calendar year, or tax year beginning , 2019, and ending ,****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C
CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO
1843 HOTEL CIRCLE SOUTH, 3RD FLOOR
SAN DIEGO, CA 92108**D** Employer identification number

33-0579503

E Telephone number

(619) 278-0021

G Gross receipts \$ 868,572,800.**F** Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (9) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.VEBAONLINE.COM**H(c)** Group exemption number ▶**K** Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1993**M** State of legal domicile: CA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	THE VEBA IS A JOINT LABOR-MGMT ASSOC OF PARTICIPANT SCHOOL DISTRICTS IN CALIFORNIA. THE VEBA PROVIDES INSURANCE COVERAGE TO EMPLOYEES, RETIREES & DEPENDENTS OF THE MEMBER DISTRICTS.	
	2	Check this box <input type="checkbox"/> 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	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-28,676.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	-81,155.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	814,913,776.	867,481,785.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	636,803.	838,902.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-73,452.	-28,676.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	815,477,127.	868,292,011.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)	785,228,029.	830,597,665.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,210,968.	15,650,764.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	799,438,997.	846,248,429.
19		Revenue less expenses. Subtract line 18 from line 12	16,038,130.	22,043,582.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	109,644,617.	135,224,161.
	22	Net assets or fund balances. Subtract line 21 from line 20	49,205,335.	49,813,264.
			60,439,282.	85,410,897.

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	Signature of officer	Date			
	ROBIN WATKINS	CO-CHAIR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ASHLYNN BALL	ASHLYNN BALL	8/12/20		P01384631
	Firm's name ▶	RBTk, LLP			
	Firm's address ▶	5675 RUFFIN ROAD, STE 300 SAN DIEGO, CA 92123			Firm's EIN ▶ 33-0567239 Phone no. 858-430-0300

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE VEBA IS A JOINT LABOR-MGMT ASSOC OF PARTICIPANT SCHOOL DISTRICTS IN CALIFORNIA.
 THE VEBA PROVIDES INSURANCE COVERAGE TO EMPLOYEES, RETIREES & DEPENDENTS OF THE
 MEMBER DISTRICTS.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 830,597,665. including grants of \$) (Revenue \$)

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4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 830,597,665.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X
b 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.	11 b	X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	55	
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b	X	
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		X
b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 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 as charitable contributions? 6a		X
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		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1 b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3	X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
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 on Schedule O. 9		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
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. 15 a		X
b Other officers or key employees of the organization. 15 b		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

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

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

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

MCGREGOR/GALLAGHER 1843 HOTEL CIRCLE SOUTH, 3RD FLOOR SAN DIEGO CA 92108 619/278-0021

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) CINDY MARTEN CHAIR	2 38	X						0.	284,770.	0.
(2) TIM GLOVER DIRECTOR	1 39	X						0.	261,030.	0.
(3) CLARK HAMPTON DIRECTOR	1 39	X						0.	243,964.	0.
(4) MICHAEL SIMONSON DIRECTOR	1 39	X						0.	233,199.	0.
(5) KARL MUELLER DIRECTOR	1 39	X						0.	192,850.	0.
(6) STEVE BOYLE DIRECTOR	1 39	X						0.	168,671.	0.
(7) URSULA SALBATO DIRECTOR	1 39	X						0.	117,313.	0.
(8) RON REESE DIRECTOR	1 39	X						0.	87,064.	0.
(9) ROBIN WATKINS CO-CHAIR	2 38	X						0.	69,014.	0.
(10) RONDA WALEN DIRECTOR	1 39	X						0.	63,615.	0.
(11) TAMARA OTERO DIRECTOR	1 0	X						0.	6,003.	0.
(12) SHAWANA GRACE DIRECTOR	1 0	X						0.	0.	0.
(13) JAMES MESSINA DIRECTOR	1 0	X						0.	0.	0.
(14) ETHEL LARKINS DIRECTOR	1 0	X						0.	0.	0.

BAA

TEEA0107L 07/31/19

Form 990 (2019)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) LAURA BOWEN DIRECTOR	1 0	X						0.	0.	0.
(16) BRIAN DUFFY DIRECTOR	1 39	X						0.	0.	0.
(17) LETICIA MUNGUIA DIRECTOR	1 0	X						0.	0.	0.
(18) GREGG ROBINSON DIRECTOR	1 39	X						0.	0.	0.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

1 b Subtotal 0. 1,727,493. 0.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 0. 1,727,493. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
3		X

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	X	
----------	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

5		X
----------	--	---

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lines 1a-1f	1 g				
	h Total. Add lines 1a-1f					
	Program Service Revenue	2 a <u>MEMBERSHIP DUES & ASSESSMENTS</u>		867481785.		
b -----						
c -----						
d -----						
e -----						
f All other program service revenue						
g Total. Add lines 2a-2f			867481785.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		838,902.			838,902.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		6a 248,753.				
	b Less: rental expenses	6b 277,429.				
	c Rental income or (loss)	6c -28,676.				
	d Net rental income or (loss)		-28,676.		-28,676.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a 3,360.				
	b Less: cost or other basis and sales expenses	7b 3,360.				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a -----					
	b -----					
	c -----					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			868292011.	0.	-28,676.	868320687.

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).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

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 domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.	830,597,665.	830,597,665.		
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	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).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (nonemployees):				
a Management.	7,200.		7,200.	
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	351,920.		351,920.	
23 Insurance.	6,277.		6,277.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MANAGEMENT FEES</u>	6,302,511.		6,302,511.	
b <u>PROGRAM SUPPORT</u>	4,017,913.		4,017,913.	
c <u>OTHER DEDUCTIONS</u>	2,204,442.		2,204,442.	
d <u>CONSULTING FEES</u>	1,287,528.		1,287,528.	
e All other expenses.	1,472,973.		1,472,973.	
25 Total functional expenses. Add lines 1 through 24e.	846,248,429.	830,597,665.	15,650,764.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	78,989,089.	2	99,244,827.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,100,669.	4	1,314,983.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	216,795.	9	263,226.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,010,398.		
	b Less: accumulated depreciation	10b 988,788.		
	11 Investments — publicly traded securities	9,411,601.	10c	9,021,610.
	12 Investments — other securities. See Part IV, line 11	19,770,950.	11	22,027,938.
	13 Investments — program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	155,513.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	109,644,617.	15	3,351,577.	
		16	135,224,161.	
Liabilities	17 Accounts payable and accrued expenses	236,801.	17	268,503.
	18 Grants payable		18	
	19 Deferred revenue	24,482,924.	19	25,913,463.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,485,610.	25	23,631,298.
	26 Total liabilities. Add lines 17 through 25	49,205,335.	26	49,813,264.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	60,439,282.	31	85,410,897.
	32 Total net assets or fund balances.	60,439,282.	32	85,410,897.
	33 Total liabilities and net assets/fund balances.	109,644,617.	33	135,224,161.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	868,292,011.
2	Total expenses (must equal Part IX, column (A), line 25)	2	846,248,429.
3	Revenue less expenses. Subtract line 2 from line 1	3	22,043,582.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,439,282.
5	Net unrealized gains (losses) on investments	5	1,805,988.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O). SEE SCHEDULE O	9	1,122,045.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	85,410,897.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If 'Yes' to line 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 on Schedule O.	2c	X
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	X
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 on Schedule O and describe any steps taken to undergo such audits	3b	

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TEEA0112L 01/21/20

Form 990 (2019)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019**Open to Public
Inspection**

Name of the organization

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

Employer identification number

33-0579503

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in 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 can 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' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIII, 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' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1..... ► \$

(ii) Assets included in Form 990, Part X..... ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on 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 acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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 XIII and complete the following table:

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

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations..... **3a(i)** ☐ Yes ☐ No

(ii) Related organizations..... **3a(ii)** ☐ Yes ☐ No

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....		1,275,856.		1,275,856.
b Buildings.....		5,103,424.	261,716.	4,841,708.
c Leasehold improvements.....		2,620,867.	300,271.	2,320,596.
d Equipment.....		125,000.	47,917.	77,083.
e Other.....		885,251.	378,884.	506,367.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,021,610.

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Schedule D (Form 990) 2019

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ..		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ..		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INSURANCE PREMIUMS AND CLAIMS PAYABLE	9,362,916.
(3) OTHER LIABILITIES	3,780,226.
(4) UNPAID SELF-INSURANCE CLAIMS INCURRED	10,488,156.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	23,631,298.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	871,220,044.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,805,988.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	1,122,045.
e	Add lines 2a through 2d	2e	2,928,033.
3	Subtract line 2e from line 1	3	868,292,011.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	868,292,011.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	846,248,429.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	846,248,429.
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	846,248,429.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE D, PART XI, LINE 2D**OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

ALLOWANCE FOR BILLING AND ELIGIBILITY AD	\$ 1,122,045.
TOTAL	\$ 1,122,045.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

Employer identification number

33-0579503

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

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

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
STEVE BOYLE 1 DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	168,671.	0.	0.	0.	0.	168,671.	0.
KARL MUELLER 2 DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	192,850.	0.	0.	0.	0.	192,850.	0.
MICHAEL SIMONSON 3 DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	233,199.	0.	0.	0.	0.	233,199.	0.
TIM GLOVER 4 DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	261,030.	0.	0.	0.	0.	261,030.	0.
CINDY MARTEN 5 CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	284,770.	0.	0.	0.	0.	284,770.	0.
CLARK HAMPTON 6 DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	243,964.	0.	0.	0.	0.	243,964.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

Employer identification number

33-0579503

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A REVIEW WILL BE CONDUCTED OR WAS CONDUCTED PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE TRUSTEES ARE REQUIRED TO AFFIRM THEIR CONTINUED COMPLIANCE WITH THE TRUST'S
CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE VEBA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS AVAILABLE TO THE BOARD OF DIRECTORS AS WELL AS TO ITS MEMBER SCHOOL
DISTRICTS. THE DOCUMENTS ARE UPLOADED TO THE VEBA'S WEBSITE FOR REVIEW BY MEMBER
DISTRICTS AND/OR DISTRIBUTED UPON INDIVIDUAL MEMBER SCHOOL DISTRICT'S REQUEST.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

ALLOWANCE FOR BILLING AND ELIGIBILITY ADJUSTMENTS.....	\$ 1,122,045.
TOTAL	<u>\$ 1,122,045.</u>

FORM 990, PART VII, SECTION A, COLUMN (E)

THE TRUST MADE A REASONABLE EFFORT TO OBTAIN THE AMOUNT OF COMPENSATION PAID BY
RELATED ORGANIZATIONS TO TRUSTEES BY DISTRIBUTING A QUESTIONNAIRE TO EACH OF ITS
TRUSTEES AND FOLLOWING UP WITH NON-RESPONDING TRUSTEES. COMPENSATION INFORMATION
RECEIVED BY THE TRUST FROM RESPONDING TRUSTEES IS REPORTED ON FORM 990, PART VII,
SECTION A , COLUMN (E) .

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

Employer identification number

33-0579503

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					

(2) -----					

(3) -----					

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	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) ALPINE UNION SCHOOL DISTRICT 1323 ADMINISTRATION WAY ALPINE, CA 91901-9401 95-6000040	SCHOOL DISTRICT	CA			N/A		X
(2) AMERICAN FEDERATION OF TEACHERS 3737 CAMINO DEL RIO SOUTH #140 SAN DIEGO, CA 92108 23-7063299	EMPLOYEE UNION	CA			N/A		X
(3) BONSTALL UNION SCHOOL DISTRICT 31505 OLD RIVER ROAD BONSTALL, CA 92003 95-6000318	SCHOOL DISTRICT	CA			N/A		X
(4) CAJON VALLEY UNION 750 E. MAIN STREET EL CAJON, CA 92020 95-6000428	SCHOOL DISTRICT	CA			N/A		X

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) Dispropor- tionate allocations?		(i) Code V-UBI amount in box K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												

(2) -----												

(3) -----												

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	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									

(2) -----									

(3) -----									

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

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

1 During the tax year, did the organization 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, or (iv) rent from a controlled entity	1 a		X
b	Gift, grant, or capital contribution to related organization(s)	1 b		X
c	Gift, grant, or capital contribution from related organization(s)	1 c		X
d	Loans or loan guarantees to or for related organization(s)	1 d		X
e	Loans or loan guarantees by related organization(s)	1 e		X
f	Dividends from related organization(s)	1 f		X
g	Sale of assets to related organization(s)	1 g		X
h	Purchase of assets from related organization(s)	1 h		X
i	Exchange of assets with related organization(s)	1 i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1 k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1 l		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1 m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n		X
o	Sharing of paid employees with related organization(s)	1 o		X
p	Reimbursement paid to related organization(s) for expenses	1 p		X
q	Reimbursement paid by related organization(s) for expenses	1 q		X
r	Other transfer of cash or property to related organization(s)	1 r		X
s	Other transfer of cash or property from related organization(s)	1 s		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)					
(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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

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

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
5. CHINO VALLEY UNIFIED SCHOOL DISTRICT 5130 RIVERSIDE DRIVE CHINO, CA 91710 95-6000586	SCHOOL DISTRICT	CA			N/A		X
6. COPPER MOUNTAIN COMMUNITY COLLEGE 6162 ROTARY WAY PO BOX 1398 JOSHUA TREE, CA 92252 33-0838252	SCHOOL DISTRICT	CA			N/A		X
7. CORONADO UNIFIED SCHOOL DISTRICT 201 SIXTH STREET CORONADO, CA 92118 95-6000915	SCHOOL DISTRICT	CA			N/A		X
8. CYPRESS SCHOOL DISTRICT 9470 MOODY STREET CYPRESS, CA 90630 95-6000976	SCHOOL DISTRICT	CA			N/A		X
9. DARNALL CHARTER SCHOOL 6020 HUGHES STREET SAN DIEGO, CA 92115 32-0109272	SCHOOL DISTRICT	CA			N/A		X
10. DEHESA SCHOOL DISTRICT 4612 DEHESA ROAD EL CAJON, CA 92021 95-6000988	SCHOOL DISTRICT	CA			N/A		X
11. EL MONTE UNION HIGH SCHOOL DISTRICT 3537 JOHNSON AVENUE EL MONTE, CA 91731 95-6001075	SCHOOL DISTRICT	CA			N/A		X
12. ESCONDIDO UNION SCHOOL DISTRICT 2310 ALDERGROVE ESCONDIDO, CA 92029 95-6001098	SCHOOL DISTRICT	CA			N/A		X
13. ESCONDIDO UNION HIGH SCHOOL DISTRICT 302 N. MIDWAY DRIVE ESCONDIDO, CA 92027 95-6001096	SCHOOL DISTRICT	CA			N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
14. FALLBROOK UNION ELEMENTARY SCHOO 321 N. IOWA STREET FALLBROOK, CA 92028 95-6001127	SCHOOL DISTRICT	CA			N/A		X
15. JAMUL-DULZURA UNION SCHOOL DISTR 14851 LYONS VALLEY ROAD JAMUL, CA 91935 95-6001704	SCHOOL DISTRICT	CA			N/A		X
16. JULIAN UNION SCHOOL DISTRICT 1704 CAPE HORN P.O. BOX 337 JULIAN, CA 92036 95-6001739	SCHOOL DISTRICT	CA			N/A		X
17. JURUPA AREA RECREATION AND PARK 4810 PEDLEY ROAD RIVERSIDE, CA 92509 33-0105732	COUNTY PARKS & REC	CA			N/A		X
18. LAKESIDE UNION SCHOOL DISTRICT 12335 WOODSIDE AVENUE LAKESIDE, CA 95040 95-6001809	SCHOOL DISTRICT	CA			N/A		X
19. LEMON GROVE ELEMENTARY SCHOOL DI 8025 LINCOLN STREET LEMON GROVE, CA 91945-2515 95-6001845	SCHOOL DISTRICT	CA			N/A		X
20. MOUNTAIN EMPIRE UNIFIED SCHOOL D 3291 BUCKMAN SPRINGS ROAD PINE VALLEY, CA 91962-4003 95-6005010	SCHOOL DISTRICT	CA			N/A		X
21. NATIONAL CITY SCHOOL DISTRICT 1500 N. AVENUE NATIONAL CITY, CA 91950-4827 95-6002166	SCHOOL DISTRICT	CA			N/A		X
22. SAN DIEGO COMMUNITY COLLEGE DIST 3375 CAMINO DEL RIO SOUTH SAN DIEGO, CA 92108 95-2644299	SCHOOL DISTRICT	CA			N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
23. SAN DIEGO COUNTY OFFICE OF EDUCATION 6401 LINDA VISTA ROAD SAN DIEGO, CA 92111 95-6000935	COUNTY OFFICE OF EDUCATION	CA			N/A		X
24. SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL STREET SAN DIEGO, CA 92103 95-6002781	SCHOOL DISTRICT	CA			N/A		X
25. SAN DIEGO UNION HIGH SCHOOL DISTRICT 710 ENCINITAS BLVD ENCINITAS, CA 92024-3357 95-6002787	SCHOOL DISTRICT	CA			N/A		X
26. SAN MARCOS UNIFIED SCHOOL DISTRICT 255 PICO AVENUE SAN MARCOS, CA 92069 95-2939365	SCHOOL DISTRICT	CA			N/A		X
27. SAN YSIDRO ELEMENTARY SCHOOL DISTRICT 4350 OTAY MESA BOULEVARD SAN YSIDRO, CA 92173 95-6002821	SCHOOL DISTRICT	CA			N/A		X
28. SOLANA BEACH SCHOOL DISTRICT 309 N. RIOS AVENUE SOLANA BEACH, CA 92075 95-6002967	SCHOOL DISTRICT	CA			N/A		X
29. SOUTH BAY UNION SCHOOL DISTRICT 601 ELM AVENUE IMPERIAL BEACH, CA 91932 95-6002975	SCHOOL DISTRICT	CA			N/A		X
30. SOUTHWESTERN COMMUNITY COLLEGE DISTRICT 900 OTAY LAKES ROAD CHULA VISTA, CA 91910 95-6006659	SCHOOL DISTRICT	CA			N/A		X
31. SPENCER VALLEY SCHOOL DISTRICT P.O. BOX 159 SANTA YSABEL, CA 92070-0159 95-6003022	SCHOOL DISTRICT	CA			N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
32. SWEETWATER UNION HIGH SCHOOL DIS 1130 FIFTH AVENUE CHULA VISTA, CA 91911-2896 95-6003082	SCHOOL DISTRICT	CA			N/A		X
33. VALLECITOS SCHOOL DISTRICT 5211 FIFTH STREET RAINBOW, CA 92028 95-6003366	SCHOOL DISTRICT	CA			N/A		X
34. WARNER UNIFIED SCHOOL DISTRICT P.O. BOX 8 (30951 HIGHWAY 79) WARNER SPRINGS, CA 92086 33-0644852	SCHOOL DISTRICT	CA			N/A		X
35. YUCAIPA-CALIMESA JOINT UNIF SCHO 12797 3RD STREET YUCAIPA, CA 92399 95-2254105	SCHOOL DISTRICT	CA			N/A		X
36. CLAREMONT UNIFIED SCHOOL DISTRIC 170 W. SAN JOSE AVENUE CLAREMONT, CA 91711 95-6000818	SCHOOL DISTRICT	CA			N/A		X
37. HOLTVILLE UNIFIED SCHOOL DISTRIC 621 E. SIXTH STREET HOLTVILLE, CA 92250 95-2429231	SCHOOL DISTRICT	CA			N/A		X
38. HUNTINGTON BEACH CITY SCHOOL DIS 20451 CRAIMER LANE HUNTINGTON BEACH, CA 92646 95-6001643	SCHOOL DISTRICT	CA			N/A		X
39. LA MESA-SPRING VALLEY SCHOOL DIS 4750 DATE AVENUE LA MESA, CA 91942 95-6001813	SCHOOL DISTRICT	CA			N/A		X
40. OCEAN VIEW SCHOOL DISTRICT 17200 PINEHURST LANE HUNTINGTON BEACH, CA 92647 95-6002237	SCHOOL DISTRICT	CA			N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
41. RIVERSIDE UNIFIED SCHOOL DISTRICT 3380 14TH STREET RIVERSIDE, CA 92516 95-2883296	SCHOOL DISTRICT	CA			N/A		X
42. VALLEY CENTER-PAUMA UNIFIED 28751 COLE GRANDE ROAD VALLEY CENTER, CA 92082 33-0884455	SCHOOL DISTRICT	CA			N/A		X
43. VISTA UNIFIED SCHOOL DISTRICT 1234 ARCADIA AVENUE VISTA, CA 92084 95-6003432	SCHOOL DISTRICT	CA			N/A		X
44. CALIFORNIA INTERSCHOLASTIC FEDERATION 2131 PAN AMERICAN PLAZA SAN DIEGO, CA 92101 95-2141862	ASSOCIATION	CA			N/A		X
45. CORONA-NORCO UNIFIED SCHOOL DISTRICT 2820 CLARK AVE NORCO, CA 92860 33-0277305	SCHOOL DISTRICT	CA			N/A		X
46. GROSSMONT-CUYAMACA CC DISTRICT 8800 GROSSMONT COLLEGE EL CAJON, CA 92020 95-6006652	SCHOOL DISTRICT	CA			N/A		X
47. HUNTINGTON BEACH UNIFIED HIGH SCHOOL 17011 BEACH BLVD STE 560 HUNTINGTON BEACH, CA 92647 95-6001644	SCHOOL DISTRICT	CA			N/A		X
48. BORREGO SPRINGS UNIFIED SCHOOL DISTRICT 2281 DIEGUENO ROAD BORREGO SPRINGS, CA 92004 95-6000319	SCHOOL DISTRICT	CA			N/A		X
49. CHULA VISTA ELEMENTARY SCHOOL DISTRICT 84 EAST J. STREET CHULA VISTA, CA 91910 95-6000613	SCHOOL DISTRICT	CA			N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
50. JULIAN UNION HIGH SCHOOL DISTRICT 1656 HWY 78 JULIAN, CA 92036 95-6001738	SCHOOL DISTRICT	CA			N/A		X
51. SAN PASQUAL UNION SCHOOL DISTRICT 15305 RICKWOOD ROAD ESCONDIDO, CA 92027 95-6002814	SCHOOL DISTRICT	CA			N/A		X
52. CALIFORNIA FEDERATION OF TEACHER 2550 N. HOLLYWOOD WAY #400 BURBANK, CA 91505 94-1271864	ASSOCIATION	CA			N/A		X
53. CARDIFF SCHOOL DISTRICT 1888 MONTGOMERY AVENUE CARDIFF BY THE SEA, CA 92007 95-6000501	SCHOOL DISTRICT	CA			N/A		X
54. SAN BERNARDINO CITY UNIFIED SCHO 777 N. F STREET SAN BERNARDINO, CA 92410 95-2285577	SCHOOL DISTRICT	CA			N/A		X
55. COUNTY OF SAN DIEGO 5560 OVERLAND AVENUE SAN DIEGO, CA 92123 95-6000934	MUNICIPALITY	CA			N/A		X
56. GROSSMONT UNION HIGH 1100 MURRAY DRIVE PO BOX 1043 EL CAJON, CA 92020 95-6001517	SCHOOL DISTRICT	CA			N/A		X
57. OCEANSIDE UNIFIED SCHOOL DISTRICT 2111 MISSION AVE BUILDING D OCEANSIDE, CA 92058 95-2681075	SCHOOL DISTRICT	CA			N/A		X
58. METROPOLITAN EMPLOYEES BENEFITS 1843 HOTEL CIRCLE SOUTH SAN DIEGO, CA 92108 33-0661389	ASSOCIATION	CA			N/A		X

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, _____

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

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

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed	Print or Type	CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC. FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO 1843 HOTEL CIRCLE SOUTH, 3RD FLOOR SAN DIEGO, CA 92108	<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(9) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)			E Unrelated business activity code (See instructions.)	

C Book value of all assets at end of year 135,224,161.	F Group exemption number (See instructions.) ▶
G Check organization type <input type="checkbox"/> 501(c) corporation <input checked="" type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **OFFICE SPACE RENTAL**. If only one, complete Parts I–V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . . ☐ Yes ☒ No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ **MCGREGOR/GALLAGHER** Telephone number ▶ **619/278-0021**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales.				
b Less returns and allowances.	c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4 b		
c Capital loss deduction for trusts		4 c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6 248,753.		248,753.
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 248,753.	0.	248,753.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	56,905.
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	37,520.
20 Depreciation (attach Form 4562)	20 132,565.		
21 Less depreciation claimed on Schedule A and elsewhere on return	21 a	21 b	132,565.
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)	SEE STATEMENT 1	27	102,918.
28 Total deductions. Add lines 14 through 27		28	329,908.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	-81,155.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	STATEMENT 2	30	
31 Unrelated business taxable income. Subtract line 30 from line 29		31	-81,155.

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0201L 9/19/19

Form **990-T** (2019)

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).....	32	-81,155.
33	Amounts paid for disallowed fringes.....	33	
34	Charitable contributions (see instructions for limitation rules).....	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33.....	35	-81,155.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.).....	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.....	37	-81,155.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions).....	38	
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.....	39	-81,155.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).....	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....	41	0.
42	Proxy tax. See instructions.....	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions.....	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies.....	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	46a	
b	Other credits (see instructions).....	46b	
c	General business credit. Attach Form 3800 (see instructions).....	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).....	46d	
e	Total credits. Add lines 46a through 46d.....	46e	0.
47	Subtract line 46e from line 45.....	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	48	
49	Total tax. Add lines 47 and 48 (see instructions).....	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.....	50	
51a	Payments: A 2018 overpayment credited to 2019.....	51a	
b	2019 estimated tax payments.....	51b	
c	Tax deposited with Form 8868.....	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions).....	51d	
e	Backup withholding (see instructions).....	51e	
f	Credit for small employer health insurance premiums (attach Form 8941).....	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total.....	51g	
52	Total payments. Add lines 51a through 51g.....	52	0.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.....	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.....	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.....	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here.....	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.....		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year..... \$ 0.		

Sign Here	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 ASHLYNN BALL	Date 8/12/20

Paid Preparer Use Only	Print/Type preparer's name ASHLYNN BALL	Preparer's signature ASHLYNN BALL	Date 8/12/20	Check <input type="checkbox"/> if self-employed	PTIN P01384631
	Firm's name RBTk, LLP	Firm's EIN 33-0567239			
	Firm's address 5675 RUFFIN ROAD, STE 300 SAN DIEGO, CA 92123	Phone no. 858-430-0300			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach sch).....	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	Yes	No
5 Total. Add lines 1 through 4b.....	5				X

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)..... ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)..... ▶

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals..... ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8..... ▶				

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Form 990-T (2019)

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations					
1 Name of controlled organization	2 Employer identification number	3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals				

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 25.
Totals						

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1– 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
Total. Enter here and on page 1, Part II, line 14.			

BAA

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Form 990-T (2019)

CLIENT COPY

Do Not File

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Name(s) shown on return **CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO**Identifying number
33-0579503

Business or activity to which this form relates

FORM 990-T

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12. ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	132,565.

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ▶ <input type="checkbox"/>		

Section B — Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	132,565.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDI0812L 08/05/19

Form **4562** (2019)

2019

FEDERAL STATEMENTS

PAGE 1

CLIENT 80000000

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

33-0579503

8/12/20

10:40AM

STATEMENT 1
FORM 990-T, PART II, LINE 27
OTHER DEDUCTIONS

INSURANCE.....	\$	4,184.
MANAGEMENT FEES.....		4,800.
SECURITY.....		47,571.
UTILITIES.....		46,363.
TOTAL	\$	<u>102,918.</u>

STATEMENT 2
FORM 990-T, PART II, LINE 30
NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
12/31/18	\$ 96,710.	\$ 0.	\$ 96,710.
NET OPERATING LOSS AVAILABLE.....			\$ 96,710.
TAXABLE INCOME.....			\$ -81,155.
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME).....			\$ <u>0.</u>

12/31/19

2019 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

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FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

33-0579503

8/12/20

10:40AM

FORM 990/990-PF

AUTO / TRANSPORT EQUIPMENT

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	CUR 179 PCT.	BUS. PCT.	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
42	2014 FORD MOBILE HEALTH	2/01/18								125,000	25,000	200DB	HY	5	.32000	40,000
TOTAL AUTO / TRANSPORT EQUIP																
						0	0	0	0	125,000	25,000					40,000

BUILDINGS

3	1843 HOTEL CIRCLE - BUILD	9/30/16								2,551,712	130,858	S/L	39			65,429
TOTAL BUILDINGS																
						0	0	0	0	2,551,712	130,858					65,429

FURNITURE AND FIXTURES

22	EXERCISE EQUIPMENT	4/01/18								112,236	16,039	200DB	HY	7	.24490	27,487
23	WINDOW BLINDS	2/01/18								8,377	1,197	200DB	HY	7	.24490	2,052
24	TABLES	1/01/18								62,014	8,862	200DB	HY	7	.24490	15,187
25	BOARD ROOM CHAIRS	1/01/18								22,102	3,158	200DB	HY	7	.24490	5,413
26	TABLES & CHAIRS - CUBICLE	1/01/18								66,357	9,482	200DB	HY	7	.24490	16,251
27	TABLES & CHAIRS - TRAIN	1/01/18								39,796	5,687	200DB	HY	7	.24490	9,746
28	CHAIRS - CONFERENCE ROOM	1/01/18								5,071	725	200DB	HY	7	.24490	1,242
29	PEDESTALS	1/01/18								2,251	322	200DB	HY	7	.24490	551
30	REFRIGERATOR	1/01/18								2,747	393	200DB	HY	7	.24490	673
31	AUTOMATED EXTERNAL DEFIB	1/01/18								977	140	200DB	HY	7	.24490	239
32	EXERCISE EQUIPMENT	2/01/18								29,031	4,149	200DB	HY	7	.24490	7,110
33	VRC GRAVITY RECLINERS	3/01/18	5/01/19							4,032	576	200DB	HY	7	.24490	96
34	BEWER PRO SET	4/01/18								7,252	1,036	200DB	HY	7	.24490	1,776
35	VRC KITCHEN TABLES	4/01/18								3,177	454	200DB	HY	7	.24490	778

12/31/19

2019 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

CLIENT 800000000

33-0579503

8/12/20

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	METHOD	LIFE	RATE	CURRENT DEPR.
36	VRC ROM MACHINES	4/01/18		28,722							28,722	200DB HY	7	.24490	7,034
37	VRC SONIC VIBRATION PLATE	4/01/18		15,992							15,992	200DB HY	7	.24490	3,916
38	VRC PING PONG TABLE	5/01/18		1,583							1,583	200DB HY	7	.24490	388
39	OUTDOOR FURNITURE	9/01/18		9,899							9,899	200DB HY	7	.24490	2,424
40	FURNISH & INSTALL MURALS	7/01/18		13,133							13,133	200DB HY	7	.24490	3,216
41	VRC SIT STAND DESK	9/01/18		749							749	200DB HY	7	.24490	183
64	VRC GRAVITY RECLINERS	3/01/18		16,133							16,133	200DB HY	7	.24490	3,951
TOTAL FURNITURE AND FIXTURE															
	LAND			451,631		0	0	0	0	0	451,631				109,713
4	1843 HOTEL CIRCLE - LAND	9/30/16		637,928							637,928				0
TOTAL LAND															
	MISCELLANEOUS			637,928		0	0	0	0	0	637,928				0
5	AV EQUIPMENT	1/01/18		141,577							141,577	200DB HY	5	.32000	45,305
6	AV EQUIP TRAIN ROOM 219	2/01/18		7,743							7,743	200DB HY	5	.32000	2,478
7	SECURITY CAMERA	1/01/18		8,405							8,405	200DB HY	5	.32000	2,690
8	AV EQUIPMENT	1/01/18		96,998							96,998	200DB HY	5	.32000	31,039
9	MUSIC SYSTEM	1/01/18		35,889							35,889	200DB HY	5	.32000	11,484
10	SECURITY CAMERAS (CCTV)	1/01/18		16,451							16,451	200DB HY	5	.32000	5,264
11	2 CISCO CAMERA SWITCHES	1/01/18		11,208							11,208	200DB HY	5	.32000	3,587
12	DISASTER REC BOXES	1/01/18		2,348							2,348	200DB HY	5	.32000	751
13	VIRTUAL MACHINE	1/01/18		1,599							1,599	200DB HY	5	.32000	512
14	SECA LAPTOP	3/01/18		883							883	200DB HY	5	.32000	283
15	DISH EQUIPMENT	4/01/18		9,201							9,201	200DB HY	5	.32000	2,944

12/31/19

2019 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

CLIENT 800000000

33-0579503

8/12/20

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
16	IPAD PRO	5/01/18		3,665							3,665	733	200DB HY	5	.32000	1,173	
17	AV EQUIPMENT	8/01/18		3,301							3,301	660	200DB HY	5	.32000	1,056	
18	COMPUTER HARDWARE	10/01/18		67,519							67,519	13,504	200DB HY	5	.32000	21,606	
19	PA-850 HARDWARE	11/01/18		9,509							9,509	1,902	200DB HY	5	.32000	3,043	
20	VRC PRESENTATION LAPTOP	11/01/18		515							515	103	200DB HY	5	.32000	165	
21	COMP EQUIP DISASTER REC	12/31/18		5,843							5,843	1,169	200DB HY	5	.32000	1,870	
65	SAMSUNG 55" FLAT 4K TV	3/01/19		1,293							1,293		200DB MQ	5	.35000	453	
66	2 IPADS, 1 PRINTER, 1 MODE	8/01/19		6,190							6,190		200DB MQ	5	.15000	929	
67	DISASTER RECOVERY EXT STOR	10/01/19		4,848							4,848		200DB MQ	5	.05000	242	
68	HP ELITEBOOK/BP/DOCK STAT -	11/01/19		1,227							1,227		200DB MQ	5	.05000	61	
69	HP ELITEBOOK/BP/DOCK STATI	11/01/19		1,440							1,440		200DB MQ	5	.05000	72	
<hr/>																	
TOTAL MISCELLANEOUS				437,652	0	0	0	0	0	0	437,652	84,533					137,007
<hr/>																	
TOTAL DEPRECIATION				4,203,923	0	0	0	0	0	0	4,203,923	304,931					352,149

RENTAL ACTIVITY - 1843 HOTEL CIRCLE, SAN DIEGO, CA 92108

BUILDINGS

1	1843 HOTEL CIRCLE - BUILD	9/30/16								2,551,712	163,572	S/L	39		65,429
TOTAL BUILDINGS															65,429
IMPROVEMENTS															
43	ELEVATOR MODERNIZATION	5/01/18								64,800	1,108	S/L	39		1,662
44	LIABILITY INSURANCE	1/01/18								2,998	77	S/L	39		77
45	CONSTRUCTION BUILDOUT	1/01/18								2,086,590	53,502	S/L	39		53,502

12/31/19

2019 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 800000000

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

33-0579503

8/12/20

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.	
46	BREAK ROOM COUNTERTOP	1/01/18		2,808							2,808	72	S/L	39		72	
47	SHOWER ROOM COUNTERTOP	1/01/18		1,608							1,608	41	S/L	39		41	
48	BUILDING PERMIT	1/01/18		7,206							7,206	185	S/L	39		185	
49	WATER/SEWER PERMIT	1/01/18		29,401							29,401	754	S/L	39		754	
50	ROOF & BALCONY REPAIR	1/01/18		52,230							52,230	1,339	S/L	39		1,339	
51	FIXED SIGNAGE	1/01/18		51,811							51,811	1,328	S/L	39		1,328	
52	CAT 6 CABLING	1/01/18		17,977							17,977	461	S/L	39		461	
53	REKEY OF BUILDING	1/01/18		8,545							8,545	219	S/L	39		219	
54	BUILDING PROJECT MGMT	1/01/18		52,500							52,500	1,346	S/L	39		1,346	
55	SERVER CAGE	1/01/18		3,084							3,084	79	S/L	39		79	
56	SECURITY PROTECTION	1/01/18		87,832							87,832	2,252	S/L	39		2,252	
57	ACCESS CONTROL	4/01/18		4,048							4,048	78	S/L	39		104	
58	ARCHITECTURAL SERVICES	1/01/18		49,825							49,825	1,278	S/L	39		1,278	
59	GARAGE DOOR & INSTALL	1/01/18		28,563							28,563	732	S/L	39		732	
60	GYM MIRROR	2/01/18		6,275							6,275	147	S/L	39		161	
61	ELEVATOR CAB IMPROVEMENT	8/01/18		17,272							17,272	185	S/L	39		443	
62	SUPPRESSION SYSTEM	12/31/18		13,586							13,586		S/L	39		348	
63	SUPPRESSION SYSTEM	12/31/18		1,530							1,530		S/L	39		39	
70	SERVER ROOM SUPPRESSION SY	2/01/19		30,378							30,378		S/L	39		714	
TOTAL IMPROVEMENTS				2,620,867	0	0	0	0	0	0	2,620,867	65,183					67,136
LAND																	
2	1843 HOTEL CIRCLE - LAND	9/30/16		637,928							637,928						0
TOTAL LAND				637,928	0	0	0	0	0	0	637,928	0					0
TOTAL DEPRECIATION				5,810,507	0	0	0	0	0	0	5,810,507	228,755					132,565

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2019 FEDERAL BOOK DEPRECIATION SCHEDULE

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CLIENT 800000000

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

33-0579503

8/12/20

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	GRAND TOTAL DEPRECIATION				0	0	0	0	0	10,014,430	533,686				484,714
	DEPRECIATION ASSETS SOLD			4,032	0	0	0	0	0	4,032	576				96
	DEPR REMAINING ASSETS				0	0	0	0	0	10,010,398	533,110				484,618

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2019 FEDERAL UNRELATED BUSINESS DEPRECIATION SCHEDULE

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CLIENT 800000000

CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL.EMP.BENEFITS ASSO

33-0579503

8/12/20

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	CUR 179 PCT.	BUS. PCT.	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990-T															
BUILDINGS															
1	1843 HOTEL CIRCLE - BUILD	9/30/16								2,551,712	163,572	S/L	39		65,429
TOTAL BUILDINGS															
IMPROVEMENTS															
43	ELEVATOR MODERNIZATION	5/01/18								64,800	1,108	S/L	39		1,662
44	LIABILITY INSURANCE	1/01/18								2,998	77	S/L	39		77
45	CONSTRUCTION BUILDOUT	1/01/18								2,086,590	53,502	S/L	39		53,502
46	BREAK ROOM COUNTERTOP	1/01/18								2,808	72	S/L	39		72
47	SHOWER ROOM COUNTERTOP	1/01/18								1,608	41	S/L	39		41
48	BUILDING PERMIT	1/01/18								7,206	185	S/L	39		185
49	WATER/SEWER PERMIT	1/01/18								29,401	754	S/L	39		754
50	ROOF & BALCONY REPAIR	1/01/18								52,230	1,339	S/L	39		1,339
51	FIXED SIGNAGE	1/01/18								51,811	1,328	S/L	39		1,328
52	CAT 6 CABLING	1/01/18								17,977	461	S/L	39		461
53	REKEY OF BUILDING	1/01/18								8,545	219	S/L	39		219
54	BUILDING PROJECT MGMT	1/01/18								52,500	1,346	S/L	39		1,346
55	SERVER CAGE	1/01/18								3,084	79	S/L	39		79
56	SECURITY PROTECTION	1/01/18								87,832	2,252	S/L	39		2,252
57	ACCESS CONTROL	4/01/18								4,048	78	S/L	39		104
58	ARCHITECTURAL SERVICES	1/01/18								49,825	1,278	S/L	39		1,278
59	GARAGE DOOR & INSTALL	1/01/18								28,563	732	S/L	39		732
60	GYM MIRROR	2/01/18								6,275	147	S/L	39		161
61	ELEVATOR CAB IMPROVEMENT	8/01/18								17,272	185	S/L	39		443

