

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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.**2023**Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning and ending**B** Check if applicable:

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

C Name of organizationCALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1843 HOTEL CIRCLE SOUTH, 3RD FLOOR

City or town, state or province, country, and ZIP or foreign postal code

SAN DIEGO, CA 92108

F Name and address of principal officer: ROBIN WATKINS

SAME AS C ABOVE

D Employer identification number

33-0579503

E Telephone number

619-278-0021

G Gross receipts \$

989,673,601.

H(a) Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(9) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.VEBAONLINE.COM**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 DISTRICTS IN CALIFORNIA. THE VEBA PROVIDES		
	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	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2023 (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	3,693,097.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	928,943,337.	985,642,135.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	709,447.	3,711,824.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-28,458.	-18,727.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	929,624,326.	989,335,232.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	908,239,876.	962,935,921.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,565,162.	28,150,525.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	930,805,038.	991,086,446.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-1,180,712.	-1,751,214.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	187,749,684.	192,600,451.
	22	Net assets or fund balances. Subtract line 21 from line 20	64,328,406.	38,368,898.
			123,421,278.	154,231,553.

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
	KIM HUNWARDSEN, CPA	KIM HUNWARDSEN, CPA	10/19/24		P00484560
Preparer Use Only	Firm's name	Firm's EIN		45-0250958	
	Firm's address	800 NICOLLET MALL, STE. 1300 MINNEAPOLIS, MN 55402-7033		Phone no. 612-253-6500	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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

THE VEBA IS A JOINT LABOR-MGMT ASSOC OF PARTICIPANT DISTRICTS IN CALIFORNIA. THE VEBA PROVIDES INSURANCE COVERAGE TO NEARLY 150,000 EMPLOYEES, RETIREES & DEPENDENTS OF THE MEMBER DISTRICTS.

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

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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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>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 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>	25a	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
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>	26	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>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b 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>	35b	
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>	36	
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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	30
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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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	
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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	X
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	X
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	17			
b Enter the number of voting members included on line 1a, above, who are independent		0		
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?				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?			X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			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				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
RISK PROGRAM ADMINISTRATORS - 619-278-0021
1843 HOTEL CIRCLE SOUTH, 3RD FLOOR, SAN DIEGO, CA 92108

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

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

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) LAMONT JACKSON DIRECTOR	1.00 39.00	X						0.	412,500.	0.
(2) CLARK HAMPTON DIRECTOR	1.00 39.00	X						0.	345,816.	0.
(3) MICHAEL SIMONSON DIRECTOR	1.00 39.00	X						0.	300,360.	0.
(4) TINA DOUGLAS DIRECTOR	1.00 38.00	X						0.	282,222.	0.
(5) BETTY ROBLES-LEAL DIRECTOR	1.00 39.00	X						0.	223,449.	0.
(6) AHMAD SWINTON DIRECTOR	1.00 39.00	X						0.	87,025.	0.
(7) ROBIN WATKINS CO-CHAIR	2.00 38.00	X		X				0.	81,773.	0.
(8) DEBRA SCHADE DIRECTOR	1.00 1.00	X						0.	844.	0.
(9) BRIAN DUFFY CHAIR	2.00 38.00	X		X				0.	0.	0.
(10) MOISES AGUIRRE DIRECTOR	1.00 39.00	X						0.	0.	0.
(11) RONDA WALLEN DIRECTOR	1.00 39.00	X						0.	0.	0.
(12) GREGG ROBINSON DIRECTOR	1.00 39.00	X						0.	0.	0.
(13) JAMES MESSINA DIRECTOR	1.00 39.00	X						0.	0.	0.
(14) ESPIE MEDELLIN DIRECTOR	1.00 39.00	X						0.	0.	0.
(15) HELEN FARIAS DIRECTOR	1.00 39.00	X						0.	0.	0.
(16) JONATHAN MELLO DIRECTOR	1.00 39.00	X						0.	0.	0.
(17) MICHAEL BREYETTE DIRECTOR	1.00 39.00	X						0.	0.	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	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MEMBERSHIP DUES & ASSESSMENT	Business Code					
		900099		985642135.	985642135.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			985642135.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,711,824.		3711824.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	6a	319,642.					
	b Less: rental expenses	6b	338,369.				
	c Rental income or (loss)	6c	-18,727.				
	d Net rental income or (loss)			-18,727.		-18,727.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	7a						
	b Less: cost or other basis and sales expenses	7b					
	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	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			989335232.	985642135.	3693097.	0.

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	962,935,921.			
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
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				
b Legal	192,537.			
c Accounting	41,264.			
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	897,698.			
15 Royalties				
16 Occupancy	670,139.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	305,272.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	589,495.			
23 Insurance	18,499.			
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 PROGRAM SUPPORT	8,614,564.			
b TRUST ADMINISTRATION FE	8,559,809.			
c OTHER DEDUCTION	4,158,128.			
d COMMUNICATION	2,865,895.			
e All other expenses	1,237,225.			
25 Total functional expenses. Add lines 1 through 24e	991,086,446.			
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	133,231,178.	2	80,533,475.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	12,715,611.	4	3,094,961.
	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	1,827,707.	9	5,442,997.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,882,450.		
	b Less: accumulated depreciation	10b 3,538,998.		
	11 Investments - publicly traded securities	16,038,525.	10c	15,343,452.
	12 Investments - other securities. See Part IV, line 11	22,507,956.	11	87,109,737.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,428,707.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	187,749,684.	15	1,075,829.	
17 Accounts payable and accrued expenses	377,335.	16	192,600,451.	
18 Grants payable		17	1,880,208.	
19 Deferred revenue	31,292,481.	18		
20 Tax-exempt bond liabilities		19	32,715,690.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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	32,658,590.	24		
26 Total liabilities. Add lines 17 through 25	64,328,406.	25	3,773,000.	
27 Net assets without donor restrictions		26	38,368,898.	
28 Net assets with donor restrictions				
29 Capital stock or trust principal, or current funds	0.		0.	
30 Paid-in or capital surplus, or land, building, or equipment fund	0.		0.	
31 Retained earnings, endowment, accumulated income, or other funds	123,421,278.			
32 Total net assets or fund balances	123,421,278.			
33 Total liabilities and net assets/fund balances	187,749,684.			

Form 990 (2023)

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	989,335,232.
2	Total expenses (must equal Part IX, column (A), line 25)	2	991,086,446.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,751,214.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	123,421,278.
5	Net unrealized gains (losses) on investments	5	2,756,603.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	28,865,852.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	939,034.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	154,231,553.

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 on 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		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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 _____		

Form 990 (2023)

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

2023

Open to Public
Inspection

Name of the organization **CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS**

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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 2d 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.

1a 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.

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

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

	Amount
1c	
1d	
1e	
1f	

2a 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 in 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
1a 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%.

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

(i) Unrelated organizations? _____

(ii) Related organizations? _____

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

	Yes	No
3a(i)		
3a(ii)		
3b		

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
1a Land		1,897,021.		1,897,021.
b Buildings		7,588,084.	1,123,913.	6,464,171.
c Leasehold improvements		7,372,053.	750,768.	6,621,285.
d Equipment		125,000.	125,000.	0.
e Other		1,900,292.	1,539,317.	360,975.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				15,343,452.

Part VII Investments - Other Securities

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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) OTHER LIABILITIES	3,773,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,773,000.

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	
2		Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	2a	Net unrealized gains (losses) on investments		
b	2b	Donated services and use of facilities		
c	2c	Recoveries of prior year grants		
d	2d	Other (Describe in Part XIII.)		
e		Add lines 2a through 2d	2e	
3		Subtract line 2e from line 1	3	
4		Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	4a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	4b	Other (Describe in Part XIII.)		
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	

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	
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	
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	

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.

CLIP

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" 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

2023

Open to Public
Inspection

Name of the organization

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

Employer identification number
33-0579503

Part I Questions Regarding Compensation

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

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> 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
1b		
2		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2023

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 and/or 1099-NEC 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				
(1) LAMONT JACKSON DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	412,500.	0.	0.	0.	0.	412,500.	0.
(2) CLARK HAMPTON DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	345,816.	0.	0.	0.	0.	345,816.	0.
(3) MICHAEL SIMONSON DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	300,360.	0.	0.	0.	0.	300,360.	0.
(4) TINA DOUGLAS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	282,222.	0.	0.	0.	0.	282,222.	0.
(5) BETTY ROBLES-LEAL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	223,449.	0.	0.	0.	0.	223,449.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
								Schedule J (Form 990) 2023

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 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)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

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

Employer identification number
33-0579503

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INSURANCE COVERAGE TO EMPLOYEES, RETIREES & DEPENDENTS OF THE MEMBER
DISTRICTS.

FORM 990, PART VI, SECTION A, LINE 3:

CALIFORNIA SCHOOL VEBA DELEGATES ADMISTRATIVE MANAGEMENT TO RISK PROGRAM
ADMISTRATOR.

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

THE BOARD OF DIRECTORS CONSISTS OF SIX BOARD MEMBERS THAT ARE APPOINTED BY
THE MANAGEMENT, WHICH IS ANY SAN DIEGO COUNTY PUBLIC SCHOOL DISTRICT OR
COMMUNITY COLLEGE, AND THE SAN DIEGO COUNTY OFFICE OF EDUCATION ENTERING
INTO A COLLECTIVE BARGAINING AGREEEMENT WITH A UNION (MANAGEMENT
DIRECTORS). SIX BOARD MEMBERS ARE APPOINTED BY THE PARTICIPATING LABOR
UNIONS. THERE ARE TWO ALTERNATE LABOR DIRECTORS AND TWO ALTERNATE
MANAGEMENT DIRECTORS. IN ADDITION, THERE ARE TWO MANAGEMENT SELECTED BOARD
MEMBERS.

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

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

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

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, SECTION C, LINE 19:

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

Schedule O (Form 990) 2023

Name of the organization	CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC. FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS	Employer identification number 33-0579503
--------------------------	-------------------------------------------------------------------------------------	----------------------------------------------

THE VEBA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON THE REQUEST OF THE BOARD OF DIRECTORS AND/OR INDIVIDUAL MEMBER DISTRICTS.

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).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ALLOWANCE FOR BILLING AND ELIGIBILITY ADJUSTMENT	939,034.
--------------------------------------------------	----------

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.

Name of the organization

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

Employer identification number
33-0579503

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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) Section 512(b)(13) controlled entity?	
						Yes	No
ALPINE UNION SCHOOL DISTRICT - 95-6000040 1323 ADMINISTRATION WAY	SCHOOL DISTRICT	CALIFORNIA					X
ALPINE, CA 91901-9401							
AMERICAN FEDERATION OF TEACHERS - 23-7063299 3737 CAMINO DEL RIO SOUTH #140	EMPLOYEE UNION	CALIFORNIA					X
SAN DIEGO, CA 92108							
BONSALL UNION SCHOOL DISTRICT - 95-6000318 31505 OLD RIVER ROAD	SCHOOL DISTRICT	CALIFORNIA					X
BONSALL, CA 92003							
BORREGO SPRINGS UNIFIED SCHOOL DIST - 95-6000319, 2281 DIEGUENO ROAD, BORREGO	SCHOOL DISTRICT	CALIFORNIA					X
SPRINGS, CA 92004							

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

Schedule R (Form 990) 2023

**CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS**

Schedule R (Form 990)

33-0579503

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) Section 512(b)(13) controlled organization?	
						Yes	No
CAJON VALLEY SCHOOL DISTRICT - 95-6000428 750 E. MAIN STREET EL CAJON, CA 92020	SCHOOL DISTRICT	CALIFORNIA					X
CAL POLY POMONA FOUNDATION, INC. - 95-2417645, 3801 W. TEMPLE AVE., BUILDING 55, POMONA, CA 91768	NONPROFIT	CALIFORNIA					X
CALIFORNIA FEDERATION OF TEACHERS - 94-1271864, 2550 N. HOLLYWOOD WAY #400, BURBANK, CA 91505	ASSOCIATION	CALIFORNIA					X
CALIFORNIA INTERSCHOLASTIC FEDERATION - 95-2141862, 2131 PAN AMERICAN PLAZA, SAN DIEGO, CA 92101	ASSOCIATION	CALIFORNIA					X
CAPISTRANO UNIFIED SCHOOL DISTRICT 33122 VALLE RD SAN JUAN CAPISTRANO, CA 92675	SCHOOL DISTRICT	CALIFORNIA					X
CARDIFF SCHOOL DISTRICT - 95-6000501 1888 MONTGOMERY AVENUE CARDIFF BY THE SEA, CA 92007	SCHOOL DISTRICT	CALIFORNIA					X
CHARTER OAK UNIFIED SCHOOL DISTRICT 20240 EAST CIENEGA AVE COVINA, CA 91724	SCHOOL DISTRICT	CALIFORNIA					X
CHULA VISTA ELEMENTARY SCHOOL DISTRI - 95-6000613, 84 EAST J. STREET, CHULA VISTA, CA 91910	SCHOOL DISTRICT	CALIFORNIA					X
CLAREMONT UNIFIED SCHOOL DISTRICT - 95-6000818, 170 W. SAN JOSE AVENUE, CLAREMONT, CA 91711	SCHOOL DISTRICT	CALIFORNIA					X
COPPER MOUNTAIN COMMUNITY COLLEGE DIS - 33-0838252, 6162 ROTARY WAY PO BOX 1398, JOSHUA TREE, CA 92252	SCHOOL DISTRICT	CALIFORNIA					X
CORONADO UNIFIED SCHOOL DISTRICT - 95-6000915, 201 SIXTH STREET, CORONADO, CA 92118	SCHOOL DISTRICT	CALIFORNIA					X
CORONA-NORCO UNIFIED SCHOOL DISTRICT - 33-0277305, 2820 CLARK AVE, NORCO, CA 92860	SCHOOL DISTRICT	CALIFORNIA					X

**CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS**

Schedule R (Form 990)

33-0579503

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) Section 512(b)(13) controlled organization?	
						Yes	No
COUNTY OF SAN DIEGO - 95-6000934							
5560 OVERLAND AVENUE							
SAN DIEGO, CA 92123	MUNICIPALITY	CALIFORNIA					X
CYPRESS SCHOOL DISTRICT - 95-6000976							
9470 MOODY STREET							
CYPRESS, CA 90630	SCHOOL DISTRICT	CALIFORNIA					X
DARNALL CHARTER SCHOOL - 32-0109272							
6020 HUGHES STREET							
SAN DIEGO, CA 92115	SCHOOL DISTRICT	CALIFORNIA					X
DEHESA SCHOOL DISTRICT - 95-6000988							
4612 DEHESA ROAD							
EL CAJON, CA 92021	SCHOOL DISTRICT	CALIFORNIA					X
EL MONTE UNION HIGH SCHOOL DISTRICT -							
95-6001075, 3537 JOHNSON AVENUE, EL MONTE,							
CA 91731	SCHOOL DISTRICT	CALIFORNIA					X
ESCONDIDO UNION HIGH SCHOOL DISTRICT -							
95-6001096, 302 N. MIDWAY DRIVE, ESCONDIDO,							
CA 92027	SCHOOL DISTRICT	CALIFORNIA					X
ESCONDIDO UNION SCHOOL DISTRICT ELEM -							
95-6001098, 2310 ALDERGROVE, ESCONDIDO, CA							
92029	SCHOOL DISTRICT	CALIFORNIA					X
FALLBROOK UNION ELEMENTARY SCHOOL DI -							
95-6001127, 321 N. IOWA STREET, FALLBROOK,							
CA 92028	SCHOOL DISTRICT	CALIFORNIA					X
GROSSMONT UNION HIGH - 95-6001517							
1100 MURRAY DRIVE PO BOX 1043							
EL CAJON, CA 92020	SCHOOL DISTRICT	CALIFORNIA					X
GROSSMONT-CUYAMACA CC DISTRICT - 95-6006652							
8800 GROSSMONT COLLEGE							
EL CAJON, CA 92020	SCHOOL DISTRICT	CALIFORNIA					X
HOLTVILLE UNIFIED SCHOOL DISTRICT -							
95-2429231, 621 E. SIXTH STREET, HOLTVILLE,							
CA 92250	SCHOOL DISTRICT	CALIFORNIA					X
HUNTINGTON BEACH CITY SCHOOL DISTRIC -							
95-6001643, 20451 CRAIMER LANE, HUNTINGTON							
BEACH, CA 92646	SCHOOL DISTRICT	CALIFORNIA					X

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

Schedule R (Form 990)

33-0579503

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) Section 512(b)(13) controlled organization?	
						Yes	No
HUNTINGTON BEACH UNIFIED HIGH SCHOOL - 95-6001644, 17011 BEACH BLVD STE 560 , HUNTINGTON BEACH, CA 92647	SCHOOL DISTRICT	CALIFORNIA					X
IMPERIAL COUNTY OFFICE OF EDUCATION - 95-6001665, 1398 SPERBER ROAD, EL CENTRO, CA 92243	COUNTY OFFICE OF ED	CALIFORNIA					X
JAMUL-DULZURA UNION SCHOOL DISTRICT - 95-6001704, 14851 LYONS VALLEY ROAD, JAMUL, CA 91935	SCHOOL DISTRICT	CALIFORNIA					X
JULIAN UNION HIGH SCHOOL DISTRICT - 95-6001738, 1656 HWY 78, JULIAN, CA 92036	SCHOOL DISTRICT	CALIFORNIA					X
JULIAN UNION SCHOOL DISTRICT - 95-6001739 1704 CAPE HORN P.O. BOX 337 JULIAN, CA 92036	SCHOOL DISTRICT	CALIFORNIA					X
JURUPA AREA RECREATION AND PARK DIST - 33-0105732, 4810 PEDLEY ROAD, RIVERSIDE, CA 92509	COUNTY PARKS & REC	CALIFORNIA					X
LA MESA-SPRING VALLEY SCHOOL DISTRIC - 95-6001813, 4750 DATE AVENUE, LA MESA, CA 91942	SCHOOL DISTRICT	CALIFORNIA					X
LAKE SIDE UNION SCHOOL DISTRICT - 95-6001809 12335 WOODSIDE AVENUE LAKE SIDE, CA 95040	SCHOOL DISTRICT	CALIFORNIA					X
LEMON GROVE ELEMENTARY SCHOOL DISTR - 95-6001845, 8025 LINCOLN STREET, LEMON GROVE, CA 91945-2515	SCHOOL DISTRICT	CALIFORNIA					X
LENNOX SCHOOL DISTRICT - 65-6001848 10319 FIRMONA AVE LENNOX, CA 90304	SCHOOL DISTRICT	CALIFORNIA					X
MAAC COMMUNITY CHARTER SCHOOL - 85-1715340 1385 3RD AVE. CHULA VISTA, CA 91911	CHARTER SCHOOL	CALIFORNIA					X
MOUNTAIN EMPIRE UNIFIED SCHOOL DIST - 95-6005010, 3291 BUCKMAN SPRINGS ROAD, PINE VALLEY, CA 91962-4003	SCHOOL DISTRICT	CALIFORNIA					X

**CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS**

Schedule R (Form 990)

33-0579503

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) Section 512(b)(13) controlled organization?	
						Yes	No
NATIONAL CITY SCHOOL DISTRICT - 95-6002166							
1500 N. AVENUE							
NATIONAL CITY, CA 91950-4827	SCHOOL DISTRICT	CALIFORNIA					X
OCEANSIDE UNIFIED SCHOOL DISTRICT -							
95-2681075, 2111 MISSION AVE BUILDING D,							
OCEANSIDE, CA 92058	SCHOOL DISTRICT	CALIFORNIA					X
RIVERSIDE UNIFIED SCHOOL DISTRICT -							
95-2883296, 3380 14TH STREET, RIVERSIDE, CA							
92516	SCHOOL DISTRICT	CALIFORNIA					X
SAN BERNARDINO CITY UNIFIED SCHOOL -							
95-2285577, 777 N. F STREET, SAN BERNARDINO,							
CA 92410	SCHOOL DISTRICT	CALIFORNIA					X
SAN DIEGO COMMUNITY COLLEGE DISTRICT -							
95-2644299, 3375 CAMINO DEL RIO SOUTH, SAN							
DIEGO, CA 92108	SCHOOL DISTRICT	CALIFORNIA					X
SAN DIEGO COUNTY OFFICE OF EDUCATION -							
95-6000935, 6401 LINDA VISTA ROAD, SAN							
DIEGO, CA 92111	COUNTY OFFICE OF ED	CALIFORNIA					X
SAN DIEGO UNIFIED SCHOOL DISTRICT -							
95-6002781, 4100 NORMAL STREET, SAN DIEGO,							
CA 92103	SCHOOL DISTRICT	CALIFORNIA					X
SAN DIEGUITO UNION HIGH SCHOOL DISTR -							
95-6002787, 710 ENCINITAS BLVD, ENCINITAS,							
CA 92024-3357	SCHOOL DISTRICT	CALIFORNIA					X
SAN MARCOS UNIFIED SCHOOL DISTRICT -							
95-2939365, 255 PICO AVENUE, SAN MARCOS, CA							
92069	SCHOOL DISTRICT	CALIFORNIA					X
SAN PASQUAL UNION SCHOOL DISTRICT -							
95-6002814, 15305 RICKWOOD ROAD, ESCONDIDO,							
CA 92027	SCHOOL DISTRICT	CALIFORNIA					X
SAN YSIDRO ELEMENTARY SCHOOL DISTR -							
95-6002821, 4350 OTAY MESA BOULEVARD, SAN							
YSIDRO, CA 92173	SCHOOL DISTRICT	CALIFORNIA					X
SOLANA BEACH SCHOOL DISTRICT - 95-6002967							
309 N. RIOS AVENUE							
SOLANA BEACH, CA 92075	SCHOOL DISTRICT	CALIFORNIA					X

Part III Continuation of Identification of Related Tax-Exempt Organizations[illegible]

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.

[illegible]

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.

[illegible]

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(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) SERVICE EXPENSES PAID	M	3,546,044. COST	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

VEBA HEALTH CARE SOLUTIONS, INC.

DIRECT CONTROLLING ENTITY: CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.

2023 DEPRECIATION AND AMORTIZATION REPORT

1843 HOTEL CIRCLE, SAN DIEGO, CA 92108

RENT
1[illegible]

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
49	1843 HOTEL CIRCLE - BUILD	09/30/16	SL	39.00	MM	16	2,551,712.				2,551,712.	392,574.		65,429.	458,003.
97	5520 RUFFIN ROAD BUILDING	04/01/21	SL	39.00	MM	16	2,484,660.				2,484,660.	111,491.		63,709.	175,200.
	* 990 PAGE 10 TOTAL BUILDINGS						5,036,372.				5,036,372.	504,065.		129,138.	633,203.
	FURNITURE & FIXTURES														
68	EXERCISE EQUIPMENT	04/01/18	SL	7.00		16	112,236.				112,236.	87,197.		16,034.	103,231.
69	WINDOW BLINDS	02/01/18	SL	7.00		16	8,377.				8,377.	6,508.		1,197.	7,705.
70	TABLES	01/01/18	SL	7.00		16	62,014.				62,014.	48,179.		8,859.	57,038.
71	BOARD ROOM CHAIRS	01/01/18	SL	7.00		16	22,102.				22,102.	17,172.		3,157.	20,329.
72	TABLES & CHAIRS - CUBICLE	01/01/18	SL	7.00		16	66,357.				66,357.	51,553.		9,480.	61,033.
73	TABLES & CHAIRS - TRAIN	01/01/18	SL	7.00		16	39,796.				39,796.	30,918.		5,685.	36,603.
74	CHAIRS - CONFERENCE ROOM	01/01/18	SL	7.00		16	5,071.				5,071.	3,940.		724.	4,664.
75	PEDESTALS	01/01/18	SL	7.00		16	2,251.				2,251.	1,749.		322.	2,071.
76	REFRIGERATOR	01/01/18	SL	7.00		16	2,747.				2,747.	2,134.		392.	2,526.
77	AUTOMATED EXTERNAL DEFIB	01/01/18	SL	7.00		16	977.				977.	759.		140.	899.
78	EXERCISE EQUIPMENT	02/01/18	SL	7.00		16	29,031.				29,031.	22,555.		4,147.	26,702.
79	BEMER PRO SET	04/01/18	SL	7.00		16	7,252.				7,252.	5,634.		1,036.	6,670.
80	VRC KITCHEN TABLES	04/01/18	SL	7.00		16	3,177.				3,177.	2,469.		454.	2,923.

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
81	VRC ROM MACHINES	04/01/18	SL	7.00		16	28,722.				28,722.	22,313.		4,103.	26,416.
82	VRC SONIC VIBRATION PLATE	04/01/18	SL	7.00		16	15,992.				15,992.	12,423.		2,285.	14,708.
83	VRC PING PONG TABLE	05/01/18	SL	7.00		16	1,583.				1,583.	1,230.		226.	1,456.
84	OUTDOOR FURNITURE	09/01/18	SL	7.00		16	9,899.				9,899.	7,690.		1,414.	9,104.
85	FURNISH & INSTALL MURALS	07/01/18	SL	7.00		16	13,133.				13,133.	10,203.		1,876.	12,079.
86	VRC SIT STAND DESK	09/01/18	SL	7.00		16	749.				749.	582.		107.	689.
88	VRC GRAVITY RECLINERS	03/01/18	SL	7.00		16	16,133.				16,133.	12,535.		2,305.	14,840.
93	VRC SONIC VIBRATION PLATES (2)	02/01/20	SL	7.00	MC	16	15,992.				15,992.	9,873.		2,285.	12,158.
99	5520 RUFFIN ROAD FURNITURE	04/01/21	SL	7.00		16	215,063.				215,063.	83,402.		30,723.	114,125.
100	PULSE XL PRO SYSTEM	04/01/21	SL	7.00		16	36,980.				36,980.	14,340.		5,283.	19,623.
101	SHOWER ROOM STORAGE LOCKERS	04/01/21	SL	7.00		16	11,189.				11,189.	4,339.		1,598.	5,937.
102	TRASH LOFTY RECEPTACLE & HOOD LID,	11/01/21	SL	7.00		16	5,807.				5,807.	2,252.		830.	3,082.
133	ACUPUNCTURE CHAIRS	12/01/22	SL	7.00		16	22,529.				22,529.	3,219.		3,218.	6,437.
134	ACUPUNCTURE CHAIRS	12/01/22	SL	7.00		16	3,506.				3,506.	501.		501.	1,002.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						758,665.				758,665.	465,669.		108,381.	574,050.
	TRANSPORTATION EQUIPMENT														
87	2014 FORD MOBILE HEALTH	02/01/18	SL	5.00		16	125,000.				125,000.	117,800.		2,083.	119,883.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						125,000.				125,000.	117,800.		2,083.	119,883.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
50	1843 HOTEL CIRCLE - LAND	09/30/16	L				637,928.				637,928.			0.	
98	5520 RUFFIN ROAD LAND	04/01/21	SL	.000		16	621,165.				621,165.			0.	
	* 990 PAGE 10 TOTAL LAND					1	1,259,093.				1,259,093.	0.		0.	0.
	OTHER														
51	AV EQUIPMENT	01/01/18	SL	5.00		16	141,577.				141,577.	141,577.		0.	141,577.
52	AV EQUIP TRAIN ROOM 219	02/01/18	SL	5.00		16	7,743.				7,743.	7,743.		0.	7,743.
53	SECURITY CAMERA	01/01/18	SL	5.00		16	8,405.				8,405.	8,405.		0.	8,405.
54	AV EQUIPMENT	01/01/18	SL	5.00		16	96,998.				96,998.	96,998.		0.	96,998.
55	MUSIC SYSTEM	01/01/18	SL	5.00		16	35,889.				35,889.	35,889.		0.	35,889.
56	SECURITY CAMERAS (CCTV)	01/01/18	SL	5.00		16	16,451.				16,451.	16,451.		0.	16,451.
57	2 CISCO CAMERA SWITCHES	01/01/18	SL	5.00		16	11,208.				11,208.	11,208.		0.	11,208.
58	DISASTER REC BOXES	01/01/18	SL	5.00		16	2,348.				2,348.	2,348.		0.	2,348.
59	VIRTUAL MACHINE	01/01/18	SL	5.00		16	1,599.				1,599.	1,599.		0.	1,599.
60	SECA LAPTOP	03/01/18	SL	5.00		16	883.				883.	883.		0.	883.
61	DISH EQUIPMENT	04/01/18	SL	5.00		16	9,201.				9,201.	9,201.		0.	9,201.
62	IPAD PRO	05/01/18	SL	5.00		16	3,665.				3,665.	3,665.		0.	3,665.
63	AV EQUIPMENT	08/01/18	SL	5.00		16	3,301.				3,301.	3,301.		0.	3,301.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
64	COMPUTER HARDWARE	10/01/18	SL	5.00			67,519.				67,519.	67,519.		0.	67,519.
65	PA-850 HARDWARE	11/01/18	SL	5.00		16	9,509.				9,509.	9,509.		0.	9,509.
66	VRC PRESENTATION LAPTOP	11/01/18	SL	5.00		16	515.				515.	515.		0.	515.
67	COMP EQUIP DISASTER REC	12/31/18	SL	5.00		16	5,843.				5,843.	5,843.		0.	5,843.
89	SAMSUNG 55" FLAT 4K TV	03/01/19	SL	5.00		MC16	1,293.				1,293.	1,293.		0.	1,293.
90	DISASTER RECOVERY EXT STORAGE UNIT	10/01/19	SL	5.00		MC16	4,848.				4,848.	4,848.		0.	4,848.
91	HP ELITEBOOK/BP/DOCK STAT-P. WILSON	11/01/19	SL	5.00		MC16	1,227.				1,227.	1,227.		0.	1,227.
92	HP ELITEBOOK/BP/DOCK STATION	11/01/19	SL	5.00		MC16	1,440.				1,440.	1,440.		0.	1,440.
94	POCKET CINEMA CAMERA, MONITOR & AC	12/01/20	SL	5.00		MC16	4,082.				4,082.	2,686.		816.	3,502.
95	VRC MACBOOK PRO 16" SPACE GREY	12/01/20	SL	5.00		MC16	4,206.				4,206.	2,767.		841.	3,608.
96	VRC IMAC PRO 27"/CTO	12/01/20	SL	5.00		MC16	7,493.				7,493.	4,930.		1,499.	6,429.
103	ADDITIONAL CCTV EQUIPMENT	08/01/21	SL	5.00		16	12,835.				12,835.	6,674.		2,567.	9,241.
104	A10 NETWORK THUNDER ADC (70% VEB) /	01/01/21	SL	5.00		16	5,905.				5,905.	3,071.		1,181.	4,252.
105	VRC VIDEO PRODUCTION STORAGE DEVICE	04/01/21	SL	5.00		16	1,636.				1,636.	851.		327.	1,178.
106	VRC VIDEO PRODUCTION LAPTOP, 16-INC	06/01/21	SL	5.00		16	2,969.				2,969.	1,544.		594.	2,138.
107	RED DIGITAL CINEMA KOMODO STARTER P	06/01/21	SL	5.00		16	18,606.				18,606.	9,675.		3,721.	13,396.
108	CANON LEN CN7 X 17 KAS S CINE-SERVO	06/01/21	SL	5.00		16	39,601.				39,601.	20,592.		7,920.	28,512.
109	VRC HP ELITE NOTEBOOK, WIRELESS MOU	07/01/21	SL	5.00		16	3,331.				3,331.	1,732.		666.	2,398.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
110	HP ELITE NOTEBOOK, WIRELESS MOUSE,	07/01/21	SL	5.00		16	2,129.				2,129.	1,107.		426.	1,533.
111	VRC CREATIVE DIRECTOR LAPTOP, BRIAN	08/01/21	SL	5.00		16	2,050.				2,050.	1,066.		410.	1,476.
112	TRIPP LITE SMART ONLINE UPS, (4)	09/01/21	SL	5.00		16	3,741.				3,741.	1,945.		748.	2,693.
113	RACK PDU 100-120V 2G METERED & LCD	09/01/21	SL	5.00		16	3,375.				3,375.	1,755.		675.	2,430.
114	SMART-UPS SRT 3000VA RM 120V PERP N	10/01/21	SL	5.00		16	6,965.				6,965.	3,622.		1,393.	5,015.
115	CCTV EQUIPMENT/SYSTEM	04/01/21	SL	5.00		16	23,269.				23,269.	12,100.		4,654.	16,754.
116	ACCESS CONTROL EQUIPMENT/SYSTEM	04/01/21	SL	5.00		16	50,510.				50,510.	26,265.		10,102.	36,367.
117	ALARM EQUIPMENT/SYSTEM	04/01/21	SL	5.00		16	8,914.				8,914.	4,635.		1,783.	6,418.
118	SOUND MASKING EQUIPMENT/SYSTEM	04/01/21	SL	5.00		16	38,987.				38,987.	20,273.		7,797.	28,070.
119	AUDIO VISUAL EQUIPMT/SYSTEM	04/01/21	SL	5.00		16	235,321.				235,321.	122,367.		47,064.	169,431.
120	MERAKI CLOUD MANAGED SWITCHES & HAR	04/01/21	SL	5.00		16	68,044.				68,044.	35,383.		13,609.	48,992.
121	PALO ALTO NETWORKS PA-3220 HARDWARE	04/01/21	SL	5.00		16	12,586.				12,586.	6,545.		2,517.	9,062.
122	HPE DL380 GEN 10 SFF COMPUTER SERVE	05/01/21	SL	5.00		16	58,909.				58,909.	30,633.		11,782.	42,415.
123	CISCO MERAKI MS355-48X CLOUD MANAGE	05/01/21	SL	5.00		16	24,159.				24,159.	12,563.		4,832.	17,395.
124	SECURITY INDOOR CAMERAS, CHANGE ORD	09/01/21	SL	5.00		16	15,929.				15,929.	8,283.		3,186.	11,469.
125	ACCESS CONTROL OPEN DOOR DETECT, CH	09/01/21	SL	5.00		16	9,066.				9,066.	4,714.		1,813.	6,527.
126	DELL WYSE 5470 LAPTOPS (10) & DELL	11/01/21	SL	5.00		16	9,169.				9,169.	4,768.		1,834.	6,602.
127	HP ELITE NOTEBOOK, WIRELESS MOUSE,	07/01/21	SL	5.00		16	3,296.				3,296.	1,714.		659.	2,373.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Convention	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
128	CONSTRUCTION BUILDOUT	04/01/21	SL	39.00	MM	16	4,411,271.				4,411,271.	197,942.		113,110.	311,052.
129	OWNERS & CONTRACTORS LIABILITY INSU	04/01/21	SL	39.00	MM	16	29,487.				29,487.	1,323.		756.	2,079.
130	FIXED SIGNAGE	04/01/21	SL	39.00	MM	16	45,060.				45,060.	2,022.		1,155.	3,177.
131	NETWORK INFRASTRUCTURE WIRING	04/01/21	SL	39.00	MM	16	38,893.				38,893.	1,745.		997.	2,742.
132	ARCHITECTURAL SERVICES	04/01/21	SL	39.00	MM	16	96,361.				96,361.	4,324.		2,471.	6,795.
135	MISCELLANEOUS CAMERA/FILM/SOUND EQUIPMENT	06/01/23	SL	3.00		16	18,359.				18,359.			3,570.	3,570.
136	FILM DRONES, ACCESSORIES	06/01/23	SL	3.00		16	6,035.				6,035.			1,173.	1,173.
137	AGILE FUNCTIONAL TRAINER (1)	05/01/23	SL	7.00		16	4,825.				4,825.			460.	460.
138	RECUMBENT BIKE (1)	05/01/23	SL	7.00		16	3,865.				3,865.			368.	368.
	* 990 PAGE 10 TOTAL OTHER						5,762,701.				5,762,701.	993,078.		259,476.	1,252,554.
	* GRAND TOTAL 990 PAGE 10 DEPR						12941831.				12941831.	2,080,612.		499,078.	2,579,690.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						12908747.			0.	12908747.	2,080,612.			2,574,119.
	ACQUISITIONS						33,084.			0.	33,084.	0.			5,571.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						12941831.			0.	12941831.	2,080,612.			2,579,690.
	ENDING ACCUM DEPR										2,579,690.				

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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[illegible]

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

DETAIL CARRYOVER SCHEDULE											
Type and Entity: OFFICE SPACE RENTAL POST-2017 NOL F			Section 382 Carryover								
Section 382 Annual Limitation			Amount Used for	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Year Originated	Original Carryover Amount										
A 2018	124,784.										
B 2019	81,155.										
C 2020	28,385.										
D 2021	31,196.										
E 2022	79,452.										
F 2023	18,727.										
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
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V											
W											
Detail Type	E	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	S										
	C										
A											
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DETAIL CARRYOVER SCHEDULE

Type and Entity: NOL CA

Section 382 Annual Limitation

Section 382 Carryover

Year Orig- inated	Original Carryover Amount	Total Amount Used	Amount Used for							
			Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2023	18,727.									
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										
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Detail Type	E	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	S									
	B C									
A										
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Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, 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 Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC. FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS	D Employer identification number 33-0579503
B Exempt under section <input checked="" type="checkbox"/> 501(c)(9) <input type="checkbox"/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 1843 HOTEL CIRCLE SOUTH, 3RD FLOOR	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92108	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 192,600,451.	
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 <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 2			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of RISK PROGRAM ADMINISTRATORS Telephone number 619-278-0021			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input checked="" type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0.
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2	0.		
3a Amount due from Form 4255	3a			
b Amount due from Form 8611	3b			
c Amount due from Form 8697	3c			
d Amount due from Form 8866	3d			
e Other amounts due (see instructions)	3e			
f Total amounts due. Add lines 3a through 3e	3f	0.		
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.		
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.		

Part III Tax and Payments (continued)

6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11		

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

1	At any time during the 2023 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
2	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.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	531120	\$ 344,972.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KIM HUNWARDSSEN, CPA	KIM HUNWARDSSEN, CPA	10/19/24	P00484560
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		
	EIDE BAILLY LLP	45-0250958		
	800 NICOLLET MALL, STE. 1300	612-253-6500		
	MINNEAPOLIS, MN 55402-7033			

Form 990-T (2023)

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

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).

1
OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC. FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS	B Employer identification number 33-0579503
C Unrelated business activity code (see instructions) 531120	D Sequence: 1 of 2

E Describe the unrelated trade or business **OFFICE SPACE RENTAL**

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	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions		4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6 319,642.	138,662.	180,980.
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 319,642.	138,662.	180,980.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	58,979.
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	32,788.
7 Depreciation (attach Form 4562). See instructions	7	138,662.	
8 Less depreciation claimed in Part III and elsewhere on return	8a	138,662.	8b 0.
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement) SEE STATEMENT 1		14	107,940.
15 Total deductions. Add lines 1 through 14		15	199,707.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	-18,727.
17 Deduction for net operating loss. See instructions		17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18	-18,727.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ 1843 HOTEL CIRCLE, SAN DIEGO, CA 92108 1843 HOTEL CIRCLE, SAN DIE

B ☐

C ☐

D ☐

	A	B	C	D
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%)	0.			
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)	319,642.			
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	319,642.			
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				319,642.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) STMT 3	138,662.			
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				138,662.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐

B ☐

C ☐

D ☐

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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 Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2023

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐
B ☐
C ☐
D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

INSURANCE
SECURITY
UTILITIES

4,809.
35,991.
67,140.

TOTAL TO SCHEDULE A, PART II, LINE 14

107,940.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	124,784.	0.	124,784.	124,784.
12/31/19	81,155.	0.	81,155.	81,155.
12/31/20	28,385.	0.	28,385.	28,385.
12/31/21	31,196.	0.	31,196.	31,196.
12/31/22	79,452.	0.	79,452.	79,452.
NOL CARRYOVER AVAILABLE THIS YEAR			344,972.	344,972.

FORM 990-T (A)

DEDUCTIONS CONNECTED WITH RENTAL INCOME

STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		138,662.	
- SUBTOTAL -	1		138,662.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			138,662.

**SCHEDULE A
(Form 990-T)**Department of the Treasury
Internal Revenue Service**Unrelated Business Taxable Income
From an Unrelated Trade or Business**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).

OMB No. 1545-0047

2023Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC. FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS	B Employer identification number 33-0579503
C Unrelated business activity code (see instructions) 900001	D Sequence: 2 of 2

E Describe the unrelated trade or business **INVESTMENT INCOME**

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	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	3,711,824.	3,711,824.
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13	3,711,824.	3,711,824.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	0.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

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

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11	Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		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 Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1) INVESTMENT INCOME	3,711,824.	0.	STMT 4 3,711,824.	3,711,824.
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		3,711,824.		3,711,824.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Schedule A (Form 990-T) 2023

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

Add columns A through D. Enter here and on Part I, line 11, column (A)

0.

a

3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (B)

0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13

0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

PART VII, LINE I: TAXPAYER: CALIFORNIA SCHOOLS VOL. EMP. BEN. ASSOC.

EIN: 33-0579503

SCHEDULE IN SUPPORT OF INCOME SET-ASIDE ELECTION

INTEREST AND DIVIDENDS \$3,711,824

TOTAL AMOUNT SET-ASIDE \$3,711,824

INCLUDED IN INCOME FOR RETURN YEAR? YES

EARMARKED OR PLACED IN A SEPARATE ACCOUNT? YES

FORM 990-T (A)

PART VII - INCOME SET-ASIDES

STATEMENT 4

DESCRIPTION OF SET-ASIDE	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST		3,711,824.	
- SUBTOTAL -	1		3,711,824.
TOTAL OF FORM 990-T, SCHEDULE A, COLUMN 4			3,711,824.

CLIENT COPY

1843 HOTEL CIRCLE, SAN DIEGO, CA 92108

1

Copyright © 2014

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization
(Including Information on Listed Property)

A RENT 1

Attach to your tax return.

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

OMB No. 1545-0172

2023Attachment
Sequence No. **179**CALIFORNIA SCHOOLS VOL. EMP. BEN ASSOC.
FKA SO.CAL SCHOOLS VOL. EMP. BENEFITS AS1843 HOTEL CIRCLE, SAN
DIEGO, CA 92108Identifying number
33-0579503**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	1,160,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,890,000.
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 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2024. 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.)

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

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 2023	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 2023 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
19a 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	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a 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 instr.	22	138,662.
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--------------------------------------------------	-------------------------------------	--------------------------------------------------	-------------------------------	--------------------------------------------------------------------	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2023 tax year:

43 Amortization of costs that began before your 2023 tax year **43**

44 **Total.** Add amounts in column (f). See the instructions for where to report **44**

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ALTERNATIVE MINIMUM TAX

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Part IX Activities With Losses Reported on Two or More Forms or Schedules. See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total					

Form **8582** (2023)

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - PART IV

STATEMENT 5

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
1843 HOTEL CIRCLE, SAN DIEGO, CA 92108	319,642.	0.		319,642.	
TOTALS	319,642.	0.		319,642.	

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 6

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
X 1843 HOTEL CIRCLE, SAN DIEGO, CA 92108	SCH E	319,642.		319,642.		
TOTALS		319,642.		319,642.		
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL						