							_			- 1	OMB No 1545	- 0687
Form	,990-Ť		Exempt Org	anization Bu	siness	Incom	e Tax	x Retu	rn		204	
. 0,,,		l		d proxy tax un				0 / 1 0	1/801	اما	2018	8
Depa	artment of the Treasury	For cal	lendar year 2018 or other t	ax year beginning U / / ' s <i>gov/Form990T</i> for i	nstructions	and ending and the l	gUO/3 atest info	ormation	1901	୴ୄ୷	en to Public Ins	nection for
	nal Revenue Service	▶ Do r	not enter SSN numbers						s a 501(c)(1(c)(3) Organizat	
Α	Check box if address changed		Name of organization	(Check box if name	e changed and	see instructi	ons)	ם			cation number	
В	Exempt under section								(Employees'	'trust, s	see instructions)	
]	X 501(C) (23)	Print	CAL POLY	POMONA FOU	MDATI	ON IN	1C					
L	408(e) 220(e)	or	l	or suite no If a PO box, se				.	95-2	417	645	
ļ	408A 530(a)	Туре	3801 WEST				# 55	E	Unrelated (See instru		ss activity code	
L	529(a)			vince, country, and ZIP or f			400	ا م	•		= 21.	100
	Book value of all assets	-	POMONA	(0		91768	5-403	08	7223	20	5311	190
	at end of year		roup exemption num			1	601(c) tn	ıct 🗀	401(a) tn	uct	Other tru	
	242 , 367 , 676 Enter the number of the											121
	See States			ues or business <u>es i</u>	Ja Desi	ince the o	illy (OI II	iisi) uiliela	ileu liaue		only one, com	nlete
	Parts I–V If more than			hlank snace at the e	and of the	nrevious s	entence	complete	Parts I a	_	-	piete
	Schedule M for each a			•		JIC VIOUS S	cincince	, complete	i aits i a	na n,	complete	
	Dunng the tax year, wa					rent-subsi	diary cor	ntrolled are	oup?	_	▶ Yes	X No
	f "Yes," enter the name								•		· 🗀	ш .
!	<u> </u>			<u>.</u>								
	The books are in care of				PA			Telephon	e number	<u> • 9</u>	09-869-	<u>-2948</u>
l Pa			<u>le or Business I</u>	ncome		(A)	Income		(B) Expense	<u>s</u>	(C) Ne	<u>:t</u>
1a	Gross receipts or sale											i
ь	Less returns and allo			c Balance	▶ <u>1c</u>	 				SC.	-	!
2	Cost of goods sold (S		·=		2	 		_	1 ř	<u>2C.</u>		
3	Gross profit Subtract				3	 			101		 	
4a	Capital gain net incon			707)	4a				 		 	
b	Net gain (loss) (Form 479		•	797)	4b			_	1>1	خ		
С 5	Capital loss deduction				4c 5	\vdash		-	 w 	V	 	
6 9	Income (loss) from partnership Rent income (Schedu		rporation (attach statement)		6	 		-	(C;	<u>c.</u>	 	
	Unrelated debt-finance		me (Schedule E)		7	 		_	 	-	 	
=	Interest, annuities, royalti		•	anization (Schedule F)	8				·	_		
	Investment income of a s				9				ί,			
	Exploited exempt acti			,	10							
	Advertising income (S				11							
	Other income (See in			See Stmt 2	2 12	3,	169,3	95		_	3,169	9,395
<u>13</u>	Total. Combine lines				13		169,3					9,395
	art II Deductio	ns No	t Taken Elsewh	ere (See instruc	tions for	limitatio	ns on	deduction	ons) (E:	xcept	t for contrib	outions,
			t be directly conr		unrelated	Dusine	ss inco	me)	-	T 44	Τ	
15	Compensation of office	cers, aire	ectors, and trustees (Schedule K)						14	1 420	0,742
16	Salanes and wages Repairs and maintena	anco								15	-	1,578
17	Bad debts	ance								17	10.	2,370
18	Interest (attach sched	tule) (se	ee instructions)							18	 	
19	Taxes and licenses	30.0) (00	oo maaaaaana,							19	-	
20	Chantable contributions (See instr	uctions for limitation rule	ıs)						20		
21	Depreciation (attach f			-,			21		66,677			
22	Less depreciation clai		•	ewhere on return			22a		·	22b	6	6,677
23	Depletion									23		
24	Contributions to defer	red con	npensation plans							24		
25	Employee benefit pro					•				25	21:	2,686
26	Excess exempt exper	_	chedule I)							26		
27	Excess readership co	•	•							27		
28	Other deductions (atta	ach sch	edule)			See	Sta	temen		2B		7,477
29	Total deductions. Ad	dd lines	14 through 28						296	29		9,160
30	Unrelated business ta	xable in	come before net ope	rating loss deduction	n Subtract	line 29 fro	om line	13		3b	190	0,235
31	Deduction for net ope	rating lo	oss ansing in tax year	s beginning on or at	fter Januar	y 1, 2018	(see ins	tructions)	٥.	3	<u> </u>	
<u>32</u>	Unrelated business ta	xable in	come Subtract line 3	31 from line 30					<u>_</u>	32		0,235
DAA	For Paperwork Redu	action A	Act Notice, see instr	uctions.						•	Form 990-	· T (2018)



	n 990-T (2018) CAL POLY POMONA FOUNDATION INC	95-2417645		Page 2
		h		
33	Total of unrelated business taxable income computed from all unrelated trades or	businesses (see		400 100
	instructions)		_	33 499,182
34	Amounts paid for disallowed fringes		<u> </u>	34
35	Deductions for net operating loss arising in tax years beginning before January 1,	2018 (see		
	instructions)		Ŀ	35 499,182
36	Total of unrelated business taxable income before specific deduction. Subtract line	e 35 from the sum		
	of lines 33 and 34		;	36 0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	•	> ∂ [:	37 1,000
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is g		, , , , ,	
-	enter the smaller of zero or line 36	reater than the oo,	.	38 0
L	art IV Tax Computation			30 0
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax	on	·►	39
40				40
44		1 1041)	. —	
41	Proxy tax. See instructions			41
42	Alternative minimum tax (trusts only)			42
43	Tax on Noncompliant Facility Income. See instructions		<u> </u>	43
44_	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		4	44 0
<u>l Pa</u>	art V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
С	General business credit Attach Form 3800 (see instructions)	45c		,
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		,
	Total credits. Add lines 45a through 45d	400	 -	 5e
e 46	——————————————————————————————————————			
46	Subtract line 45e from line 44 Other taxes		_	46
47	Check if from Form 4255 Form 8611 Form 8697 Form 8866 Cither (att	sch)		47
48	Total tax. Add lines 46 and 47 (see instructions)			48 0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k)	line 2		49
50a	Payments A 2017 overpayment credited to 2018	50a		1
ь	2018 estimated tax payments	50b		
С	Tax deposited with Form 8868	50c		
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d		
е	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
	Other credits, adjustments, and payments Form 2439			
g		50-	٠	· · ·
-4			—	_
51	Total payments. Add lines 50a through 50g	_		51
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	•		52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	đ	▶ _5	53 0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount	unt overpaid	▶ <u></u> <u></u>	54
<u>55</u>	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶	Refunded	d ▶ 5	55
<u> </u> Pa	irt VII Statements Regarding Certain Activities and Other Inf	ormation (see instruct	ions)	
56	At any time during the 2018 calendar year, did the organization have an interest in	or a signature or other au	thority	Yes No
	At any time during the 2018 calendar year, did the organization have an interest in over a financial account (bank, secunties, or other) in a foreign country? If "YES,"	the organization may have	to filé	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," entenhere ▶	r the name of the foreign o	ountry	X
57	During the tax year, did the organization receive a distribution from, or was it the gif "YES," see instructions for other forms the organization may have to file	rantor of, or transferor to, a	a toreign	trust?
58	Enter the amount of tax-exempt interest received or accrued during the tax year	,		الد
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and si true correct, and complete Declaration of preparer (other than tax bayer) is based on all information of which pending the correct and complete are the correct and complete in the correct and correct and complete in the correct and correct and complete in the correct and complete in the correct and co	tatements, and to the best of my know menamer has any knowledge	Medge and b	belief, it is
Sig	n 3	steparer rice any witowicage		
Her	e / land 10 le fin (OFFICER		with the preparer shown below (see instructions)?
	Signature of officer Date Title			X Yes No
	Pnnt/Type preparer's name Preparer's signature	Date	Ch	neck of PTIN
Paid	DAVID PRENOVOST DAVID F PRENOVOST CF	n3/1	0/20 sel	
_	DALLES E DESIGNATION CO.		Firm's EIN	
		55	I IIII S EIN	
USE	•1		Dharr	000-060 2040
	Firms address POMONA, CA 91768		Phone no	
				Form 990-T (2018)

Form	990-T (2018) CAL P	OLY POMO	ONA F	OUNDATI	ON	INC	_	<u>95-2</u>	<u>417645 </u>			Page 3
<u>Sch</u>	edule A - Cost of G		<u>Enter me</u>					-				
1	Inventory at beginning of					entory at end		•	-	6		
2	Purchases	2		'	7 Co	st of goods	sol	d Subti	act			
3	Cost of labor	3			line	e 6 from line	5 E	nter her	e and	<u></u>		
4a	Additional sec 263A costs				ın l	Part I, line 2			Ĺ	7		
	(attach schedule)	4a			B Do	the rules of	sect	ion 263	A (with respect to			es No
þ	Other costs (attach schedule)	4b			pro	perty produc	ed c	or acqui	red for resale) apply		<u> </u>	<u> </u>
5	Total. Add lines 1 through	4b 5				the organizat						
Sch	edule C - Rent Inco	me (From R	eal Pro	perty and	Pers	onal Prope	erty	/ Leas	ed With Real P	roperl	ty)	
(se	ee instructions)		_									
1 Des	cription of property											
(1)	N/A											
(2)												
(3)												
(4)												
		2 Rent re	ceived or ac	crued								
	(a) From personal property (if the p	ercentage of rent		(b) From real	and pers	sonat property (if t	the		3(a) Deductions di	rectly conn	ected with the inco	ome
	for personal property is more that	n 10% but not				rsonal property ex		s	ın columns 2(a	a) and 2(b)	(attach schedule)	
	more than 50%)			50% or if the rea	nt is basi	ed on profit or inc	ome)					
(1)				<u> </u>								
(2)												
(3)												
(4)												
Total			Tota						(b) Total deduction	s.		
(c) T	otal income. Add totals of	columns 2(a) a	nd 2(b) E	nter					Enter here and on pa	ge 1,		
	and on page 1, Part I, line				▶				Part-I, line 6, column	(B) ►		
Sch	edule E - Unrelated	Debt-Finance	ced Inco	ome (see ii	nstruc	tions)						
				,		me from or			3 Deductions directly co			
	1 Description of debt-fi	nanced property		_		ebt-financed	L		debt-financed property			
		,			prope	erty		(a) S	(a) Straight line depreciation		(b) Other deductions	
							_		(attach schedule)		(attach schedule	e)
(1)	N/A						_		<u> </u>			
(2)	<u> </u>						_			ļ		
(3)										ļ		
(4)							_			<u> </u>		
	4 Amount of average acquisition debt on or	5 Average adjust of or allocate			6 Colu			7.0	ross income reportable		B Allocable deduct	
	allocable to debt-financed	debt-financed			4 divi				olumn 2 x column 6)	(co	lumn 6 x total of co 3(a) and 3(b))	olumns
	property (attach schedule)	(attach sche	dule)		оу сон		_		<u> </u>	<u> </u>	3(a) and 3(b))	
<u>(1)</u>				<u> </u>			%			 		
(2)							. %					
(3)							%					
(4)							_%					
									here and on page 1		r here and on	
								Part	I, line 7, column (A)	Par	t I, line 7, colu	imn (B)
Tota	ls						▶ [1		
Tota	l dividends-received ded	uctions include	d in colum	n 8					>			
											Form 990	-T (2018)

	TA LOWON					<u>-241/6</u>			Page 4	
Schedule F - Interest, An	<u>nuities, Roy</u>	<u>alties, and F</u>					ions (see II	nstructio	ons)	
Name of controlled organization	ıde	2 Employer ntification number	3 Net un	pt Controlle inelated income see instructions)	4 Total	of specified ents made	5 Part of column 4 that included in the controlli		6 Deductions directly connected with income	
			ļ				organization's gro	ss income	ın column 5	
(1) N/A			ļ . <u> </u>				ļ			
(2)										
(3)			ļ							
(4)			L							
Nonexempt Controlled Organiz	zations									
7 Taxable Income	I .	Net unrelated incominoss) (see instructions		9 Total of speci payments mad		included in t	blumn 9 that is he controlling gross income		Deductions directly nected with income in column 10	
(1)										
(2)										
(3)										
(4)										
Tatali						Add column Enter here as Part I, line 8	nd on page 1,	Ente	d columns 6 and 11 r here and on page 1, t I, line 8, column (B)	
Schedule G – Investment	Income of a	Section 501	1(c)(7),	(9), or (17) Organ	nization (see instruction	ons)		
1 Description of income		2 Amount of I	income	3 Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1) N/A			_	-				-		
								_		
(2)		-		<u> </u>						
(4)								- 		
,	,	Enter here and c Part I, line 9, co						Ent Pa	er here and on page 1, rt I, line 9, column (B)	
Totals	<u>▶</u>			,	41-1			·-		
Schedule I – Exploited Ex	empt Activit	y income, O	tner i	nan Adver	tising i	ncome (s	ee instructio	ns)		
1 Description of exploited activity	2 Gross unrelated business incom from trade or business	3 Expen directi connected productio unrelate business in	y I with on of ed	4 Net income (from unrelated to or business (cot 2 minus column If a gain, composts 5 through	trade lumn (n 3) oute (5 Gross income from activity that is not unrelated business income	t attnbut	enses able to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) N/A	 -								 	
(2)				<u></u>					 	
(3)	1								<u> </u>	
(4)		<u> </u>								
Totals	Enter here and c page 1, Part i, line 10, col (A)	page 1, P	Part I,	tı.	'	-	1		Enter here and on page 1, Part II, line 26	
Schedule J - Advertising	Income (see	instructions)								
Part I I Income From	Periodicals	Reported on	a Con	solidated	Basis					
1 Name of penodical	2 Gross advertising income	3 Dire advertising	d	4 Advertising gain or (loss) (2 minus col 3) a gain, comput cols 5 through	g col) If	5 Circulation income	6 Reac	-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) N/A										
(2)] :	
(3)]	
(4)				1. T.E.						
				•						
Totals (carry to Part II, line (5))	L				L				<u> </u>	

Form 990-T (2018) CAL POLY POMONA FOUNDATION INC 95-2417645 Page 5 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part III 2 through 7 on a line-by-line basis) 4 Advertising 2 Gross gain or (loss) (∞l costs (column 6 5 Circulation 6 Readership 3 Direct advertising 2 minus col 3) If minus column 5, but 1 Name of periodical costs advertising costs ıncome ıncome a gain, compute not more than column 4) cols 5 through 7 (1) N/A (2) (3) Totals from Part I Enter here and Enter here and on Enter here and on on page 1, Part II, line 27 page 1, Part I, page 1, Part I, line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to 4 Compensation attributable to 2 Title unrelated business business (1) N/A % (2) % (3) % Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginnin 07/01/18, and ending 06/30/19

Go to www irs gov/Form990T for instructions and the latest information Open to Public Inspection for

Department of the Treasury Internal Revenue Service Name of the organization

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

+ 501(c)(3) Organizations Only Employer Identification number

OMB No 1545-0687

CAL POLY POMONA FOUNDATION INC

95-2417645

Unrelated business activity code (see instructions) 445200 Describe the unrelated trade or business

UBIT-FARMSTORE

₽Pa	art I Unrelated Trade or Business Income		(A) Income	(B) Expense:	s	(C) Net
1a	Gross receipts or sales				14 . 1 	44 ,	#" <u>.</u> "
b	Less returns and allowances c Balance	1c			51 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ELFT HE
2	Cost of goods sold (Schedule A line 7)	2			Fair		
3	Gross profit Subtract line 2 from line 1c	3			THE	-	
4a	Capital gain net income (attach Schedule D)	4a_				ı	•
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			**************************************		
С	Capital loss deduction for trusts	4c					
5	Income (loss) from partnership and S corporation (attach statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10			•		
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)See Stmt 1	12	1,	117,143		it.	1,117,143
13	Total. Combine lines 3 through 12	13		117,143			1,117,143
⊞Ŗa	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the unrel	for I ated	imitation busine	ons on ded ess income	luctions)(Ex _)	cept	for contributions
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	135,111
16	Repairs and maintenance					16	10,484
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					_18_	. —
19	Taxes and licenses					19	
20	Chantable contributions (See instructions for limitation rules)			[21	0 600	20	
21	Depreciation (reported on Form 4562)				9,693		0 602
22	Less depreciation claimed on Schedule A and elsewhere on return			22a		22b	9,693
23	Depletion					23	,
24	Contributions to deferred compensation plans					24	22,440
25	Employee benefit programs					25 26	22,440
26	Excess exempt expenses (Schedule I)						
27	Excess readership costs (Schedule J)		C	Chahama		27	639 069
28	Other deductions (attach schedule)		see	Stateme	±11¢ Z	28	638,068 815,796
29	Total deductions. Add lines 14 through 28					30	301,347
30	Unrelated business taxable income before net operating loss deduction. Sub-					30	301,34/
31	Deduction for net operating loss arising in tax years beginning on or after Jainstructions)	nuary	1, 2018	(see		31	· TTTA
32	Unrelated business taxable income Subtract line 31 from line 30					32	301,347

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginnin 07/01/18, and ending 06/30/19

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

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

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

Name of the organization

CAL POLY POMONA FOUNDATION INC

Employer Identification number 95-2417645

Unrelated business activity code (see instructions)_523000 Describe the unrelated trade or business

UBIT-COMMONFUND

l Pa	art I Unrelated Trade or Business Income		(A)	Income	(B) Expenses	;	(C) Net
1a	Gross receipts or sales				ARE THE	F	
b	Less returns and allowances c Balance	1c			4	#	原 理 知题
2	Cost of goods sold (Schedule A line 7)	2				<u>, 1111</u>	Charles and the same of the sa
3	Gross profit Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D)	4a			企業に事		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			." " #"."	րդ - գ Ծան	
С	Capital loss deduction for trusts	4c				.	
5	Income (loss) from partnership and S corporation (attach statement)	5_					
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8_					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)See Stmt 3	12		7,600	- 54 - 154	*	7,600
13	Total. Combine lines 3 through 12	13		7,600			7,600
L Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unrecompensation of officers, directors, and trustees (Schedule K)	is for elated	busines	ns on dec ss income	luctions) (Ex	cept	for contributions,
	•				ì	15	
15	Salaries and wages				Ì	16	
16	Repairs and maintenance				Ì	17	
17	Bad debts				Ì	18	
18	Interest (attach schedule) (see instructions)				ļ	19	
19	Taxes and licenses				ĺ	20	
20 21	Chantable contributions (See instructions for limitation rules) Depreciation (reported on Form 4562)			[21		7	
22	Less depreciation claimed on Schedule A and elsewhere on return			22a		22b	0
23	Depletion					23	
23 24	Contributions to deferred compensation plans				i	24	
25	Employee benefit programs				[25	
26	Excess exempt expenses (Schedule I)				1	26	
27	Excess readership costs (Schedule J)				[27	_
28	Other deductions (attach schedule)				1	28	
20 29	Total deductions. Add lines 14 through 28				ĺ	29	
30	Unrelated business taxable income before net operating loss deduction. Si	ubtract	line 29 fro	om line 13	(30	7,600
31	Deduction for net operating loss ansing in tax years beginning on or after unstructions)					31	事型 李弘: 閩山
32	Unrelated business taxable income Subtract line 31 from line 30					32	7.600

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19

▶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).

(A) Income

OMB No 1545-0687

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

(C) Net

"啪拽"

m = 17 3 44 3 5

Department of the Treasury Internal Revenue Service Name of the organization

Part I

CAL POLY POMONA FOUNDATION INC

Employer identification number 95-2417645

(B) Expenses

Unrelated business activity code (see instructions) 531190 Describe the unrelated trade or business

UBIT-LANTERMAN

Unrelated Trade or Business Income

1a	Gross receipts or sales	1	l		7547# CT	ī∌	**************************************	. 4
b	Less returns and allowances c Balance	1c			T\$R.com		r ****	12 m
2	Cost of goods sold (Schedule A line 7)	2			HML S	ي الما	THE	Tel I
3	Gross profit Subtract line 2 from line 1c	3			ट्रक्महें.			
4a	Capital gain net income (attach Schedule D)	4a			Mital.			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<u> </u>		_ 4:4f			
С	Capital loss deduction for trusts	4c			₩ <u>.</u>			
5	Income (loss) from partnership and S corporation (attach statement)	_5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			-			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10				_		
11	Advertising income (Schedule J)	11						
12	Other income (See instructions, attach schedule)See Stmt 4	12	1	,392,187	3 75 JH		1,39	2,187
13	Total. Combine lines 3 through 12	13		,392,187				2,187
	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the unre	ated	busine	ons on dec ess income)		for contr	butions,
14	Compensation of officers, directors, and trustees (Schedule K)					14		
15	Salanes and wages					16	1 70	3,894
16	Repairs and maintenance					17	1,75	3,034
17	Bad debts					18		
18	Interest (attach schedule) (see instructions)					19		
19	Taxes and licenses					20		
20	Chantable contributions (See instructions for limitation rules)			[21				
21	Depreciation (reported on Form 4562)			22a				0
22	Less depreciation claimed on Schedule A and elsewhere on return			(<u></u>		23		
23 24	Depletion Contributions to deferred componential plans					24		
25	Contributions to deferred compensation plans					25		
26 26	Employee benefit programs Excess exempt expenses (Schedule I)					26		
27	Excess readership costs (Schedule J)					27		
28	Other deductions (attach schedule)		See	Stateme	ent 5	28	7	3,018
29	Total deductions. Add lines 14 through 28					29		6,912
30	Unrelated business taxable income before net operating loss deduction. Su	htract	line 29 f	from line 13		30	-47	4,725
31	Deduction for net operating loss arising in tax years beginning on or after Jainstructions)					31	- 15 m	= 1
32	Unrelated business taxable income. Subtract line 31 from line 30					32	-47	4,725
For	Paperwork Reduction Act Notice, see instructions.						VI (Form 99	

Form **990-T**

Schedule M Charitable Contribution and Loss Calculation

2018

Description UBIT-LANTERMAN

Name

CAL POLY POMONA FOUNDATION INC

Taxpayer Identification Number

95-2417645

Unincorporated Business Income Tax Code 531190 Activity Lessors of other real estate pro

FW	orksheet 11 Activity Charitable Contribution Deduction	_	
1	Activity Income (Schedule M, Line 13, col C)	1	1,392,187
2	Activity Expense (does not include amount needed for Line 20)	2	1,866,912
3	Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	0
4	Current activity contribution limit (Multiplier used is 10%)	4	
5	Current year contributions	5	0
6	Prior year contributions (corporations only)	6	
7	Total available contributions (Add lines 5 and 6)	7	
8	Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	
9	Remaining contributions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),		
	Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11	Remaining contributions (carned forward for corporations only, See Worksheet 3)	11	0
IF.W	orksheet 2 Activity Losses and Carryforward Amounts		
1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	0
3	Prior year losses carned over to next year	3	
4	Losses generated by current year activity	4	474,725
5	Total loss carned forward to 2019	5	474,725

L Worksheet 3 Activity Charita	ble Contribution Ca	arryforward			
		Prior Year		Current Year	Next Year
Prior Tax Years	Contributions	Used	Carryover	Amount Used	Carryover
5th 06/30/14					脚端は、これ
4th 06/30/15					
3rg 06/30/16					
2nd 06/30/17		-			
1st 06/30/18					
Charitable Contribution Carryover To Ci	urrent Year		0	在 金融工 叫	Hi 3
Current Year Amount	O DEFT TELL THE		E - 1 - 4		0
Chantable Contribution Carryover Availa	ble To Next Year	-			0

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Federal Statements

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FYE. 6/30/2019

Form 990-T - General Footnote

Description

NET OPERATING LOSS CARRYFOR	WARD
Tax	•
year Net income/(loss)	NOL carryforward
2004 NA	-300,488
2005 85	-300,403
2006 -91,270	-391,673
2007 ' -181,670	-573,343
2008 -173,477	-746,820
2009 -133,631	-880,451
2010 -24,187	-904,638
2011 -20,326	-924,964
2012 -92,279	-1,017,243
2013 27,195	-990,048
2014 122,498	-867,550
2015 -343,612	-1,211,162
2016 -235,506	-1,446,668
2017 -138,848	- 1,585,516
2018 24,457	-1,561,059

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95-2417645 FYE 6/30/2019

Statement 1 - Form 990-T - Primary Unrelated Business Activity

Description

A PORTION OF THE FOLLOWING SERVICES ARE CONDUCTED OUTSIDE THE FOUNDATION'S EXEMPT PURPOSE: RETAIL, CONFERENCE, DINING, HOTEL AND FILMING.

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

Description	 Amount
UBIT-CATERING	\$ 3,169,395
Total	\$ 3,169,395

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	 Amount
Other Deductions	\$ 1,117,477
Total	\$ 1,117,477