

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CAL POLY POMONA FOUNDATION INC		D Employer identification number 95-2417645
	Doing business as		E Telephone number (909) 869-2948
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 172,361,964
	3801 WEST TEMPLE AVENUE BLDG 55		
	City or town, state or province, country, and ZIP or foreign postal code POMONA, CA 917684038		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer DAVID PRENOVOST 3801 W TEMPLE AVE BLDG 55 POMONA, CA 91768		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: ▶ FOUNDATION CPP EDU			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			H(c) Group exemption number ▶
	L Year of formation 1966	M State of legal domicile CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ENGAGE IN ACTIVITIES THAT PRIMARILY SUPPORT, PROMOTE AND ASSIST THE EDUCATIONAL PROGRAMS AT CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA FOR THE BENEFIT OF STUDENTS, FACULTY AND STAFF				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	24		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12		
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,349		
	6 Total number of volunteers (estimate if necessary)	6	3,000		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,686,325		
	7b Net unrelated business taxable income from Form 990-T, line 34	7b			
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	22,450,279	Current Year	24,449,833
9 Program service revenue (Part VIII, line 2g)		20,569,808		25,243,334	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,017,535		10,184,152	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,997,005		24,895,500	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		75,034,627		84,772,819	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,630,544	8,124,026	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		27,234,092		31,790,155
	16a Professional fundraising fees (Part IX, column (A), line 11e)				0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,224,991				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,248,150		33,570,451
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		64,112,786		73,484,632
19 Revenue less expenses Subtract line 18 from line 12		10,921,841		11,288,187	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	243,310,152	End of Year	242,367,676
	21 Total liabilities (Part X, line 26)		63,539,097		56,346,419
	22 Net assets or fund balances Subtract line 21 from line 20		179,771,055		186,021,257

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 2020-02-03
	DAVID PRENOVOST CHIEF FIN OFFICER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2020-03-10	Check <input type="checkbox"/> if self-employed	PTIN P00434118
	Firm's name ▶ DAVID F PRENOVOST CPA	Firm's EIN ▶		Phone no (909) 869-2948	
	Firm's address ▶ 3801 WEST TEMPLE AVE BLDG 55 POMONA, CA 91768				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE CAL POLY POMONA FOUNDATION, INC , ESTABLISHED IN 1966, IS AN INTEGRAL COMPONENT OF THE EDUCATIONAL MISSION OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA,(UNIVERSITY) IN PURSUIT OF THIS MISSION, THE FOUNDATION IS A PARTNER IN THE UNIVERSITY COMMUNITY WHICH INCLUDES STUDENTS, FACULTY, STAFF, ADMINISTRATORS, ALUMNI AND MEMBERS OF THE LARGER COMMUNITY THE FOUNDATION EXISTS TO PROVIDE THE HIGHEST LEVEL OF SERVICE TO THESE CONSTITUENCIES THE ROLE OF THE FOUNDATION IS TO PROVIDE APPROPRIATE GOODS AND SERVICES AT A REASONABLE AND COMPETITIVE PRICE, TO PROMOTE AND CELEBRATE THE CULTURAL DIVERSITY OF THE UNIVERSITY, TO HELP FOSTER AND MAINTAIN AN EFFECTIVE LEARNING ENVIRONMENT, TO PROVIDE EDUCATIONAL OPPORTUNITIES, TO REFLECT AN INSTITUTIONAL IMAGE OF COMPETENCE AND QUALITY, TO ENCOURAGE COOPERATIVE RELATIONS WITHIN THE UNIVERSITY COMMUNITY, TO PROVIDE ADVICE ON SERVICES AND RESOURCES APPROPRIATE TO EDUCATIONAL NEEDS, TO GENERATE INCOME THAT CAN AUGMENT UNIVERSITY RESOURCES, TO STREN

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 \$ 6,526,072 including grants of \$) (Revenue \$ 10,271,362)
See Additional Data

4b (Code) (Expenses \$ 12,712,409 including grants of \$ 2,412,217) (Revenue \$ 12,405,498)
See Additional Data

4c (Code) (Expenses \$ 14,237,562 including grants of \$) (Revenue \$ 16,321,074)
See Additional Data

(Code) (Expenses \$ 29,817,584 including grants of \$ 5,711,809) (Revenue \$ 5,841,564)

A PROVIDE CONFERENCE CENTER AND HOTEL FOR EDUCATIONALLY RELATED ACTIVITIES B PROVIDE BOOKS, SUPPLIES, ETC THROUGH THE BOOKSTORE C PROVIDE NON-CREDIT EDUCATIONALLY RELATED COURSES D PROVIDE AGRICULTURAL-AID-TO-INSTRUCTION COURSES

4d Other program services (Describe in Schedule O)
(Expenses \$ 29,817,584 including grants of \$ 5,711,809) (Revenue \$ 5,841,564)

4e Total program service expenses ▶ 63,293,627

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
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	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
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	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
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 Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
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	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
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 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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 Yes	
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	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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 525	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

<p>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</p>	2a	2,349			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	3b		Yes		
<p>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)?</p>	4a			No	
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>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?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>	7a		Yes		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>	13a				
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	14b				
<p>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 instructions and file Form 4720, Schedule N</p>	15			No	
<p>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</p>	16			No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (24); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (Yes); 11b Describe in 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website (checked), Another's website (unchecked), Upon request (checked), Other (unchecked); 19 Describe in 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: DAVID F PRENOVOST CPA 3801 W TEMPLE AVE BUILDING 55 POMONA, CA 91768 (909) 869-2948

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	623,250	2,165,229	959,987

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **5**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PROPERTY BUILDERS CONCEPTS & MAINTENANCE INC 1030 N MOUNTAIN AVENUE UNIT 326 ONTARIO, CA 91762	PAINTING	316,354
MULTIN ELECTRIC INC 2530 CORPORATE PLACE A104 MONTEREY PARK, CA 91754	LIGHTING	233,853
ALLISON JUSKO 650 TAMARACK AVENUE APT 2514 BREA, CA 92821	CATERING	221,412
JASKA BUILDING SYSTEM INC 14980 HILTON DR FONTANA, CA 92336	CONSTRUCTION	216,288
CLEVELAND FARMS INC 16379 CHINO CORONA ROAD CHINO, CA 91708	MAINTENANCE	201,039

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **10**

Part VIII Statement of Revenue

Check 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	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	387,318		
	d Related organizations	1d			
	e Government grants (contributions)	1e	12,926,852		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,135,663		
	g Noncash contributions included in lines 1a - 1f \$ _____		3,065,533		
	h Total. Add lines 1a-1f		24,449,833		

Program Service Revenue			Business Code				
	2a STUDENT HOUSING			10,271,362	10,271,362		
	b UNIVERSITY PROGRAM SUPPORT			7,323,827	7,323,827		
	c CONTINUING EDUCATION			4,264,341	4,264,341		
	d BUILDINGS			3,047,304	3,047,304		
	e CONFERENCE CENTER & HOTEL			336,500	336,500		
	f All other program service revenue						
	g Total. Add lines 2a-2f			25,243,334			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,679,417			6,679,417
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		76,733,498	1,178,029				
	b Less cost or other basis and sales expenses						
		72,662,449	1,744,343				
	c Gain or (loss)						
		4,071,049	-566,314				
	d Net gain or (loss)			3,504,735			3,504,735
	8a Gross income from fundraising events (not including \$ 387,318 of contributions reported on line 1c) See Part IV, line 18	a					
			289,910				
	b Less direct expenses	b					
			679,809				
c Net income or (loss) from fundraising events			-389,899			-389,899	
9a Gross income from gaming activities See Part IV, line 19	a						
		3,180					
b Less direct expenses	b						
		270					
c Net income or (loss) from gaming activities			2,910			2,910	
10a Gross sales of inventory, less returns and allowances	a						
		32,098,438					
b Less cost of goods sold	b						
		12,502,274					
c Net income or (loss) from sales of inventory			19,596,164	19,596,164			
Miscellaneous Revenue	Business Code						
11a UBIT-CATERING		722320	3,169,395		3,169,395		
b UBIT-LANTERMAN		531190	1,392,187		1,392,187		
c UBIT - FARMSTORE		445200	1,117,143		1,117,143		
d All other revenue			7,600		7,600		
e Total. Add lines 11a-11d			5,686,325				
12 Total revenue. See Instructions			84,772,819	44,839,498	5,686,325	9,797,163	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,165,095	2,165,095		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	5,958,931	5,958,931		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	198,021		198,021	
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.	24,145,699	21,320,443	2,788,430	36,826
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,052,598	923,271	129,327	
9 Other employee benefits.	5,065,272	4,727,099	335,321	2,852
10 Payroll taxes.	1,328,565	1,163,569	162,986	2,010
11 Fees for services (non-employees)				
a Management.				
b Legal.	25,197		11,945	13,252
c Accounting.	170,351	41,993	128,358	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	318,582		318,582	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,426,667	4,367,396	918,646	140,625
12 Advertising and promotion.	682,904	368,595	145,882	168,427
13 Office expenses.	5,222,501	4,652,067	290,577	279,857
14 Information technology.	589,771	266,098	322,031	1,642
15 Royalties.	575,694	572,094	3,600	
16 Occupancy.	3,127,665	3,027,143	96,790	3,732
17 Travel.	1,557,069	1,391,516	47,778	117,775
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	213,549	166,175	24,185	23,189
20 Interest.	1,116,184	892,168	224,016	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,633,348	2,371,036	262,312	
23 Insurance.	244,372	189,121	55,251	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNIVERSITY SUPPORT	3,431,353	3,367,157		64,196
b REPAIRS AND MAINTENANCE	2,908,643	989,092	1,918,578	973
c MEALS & ENTERTAINMENT	2,070,194	1,669,736	38,305	362,153
d DEPRECIATION	778,443	778,443		
e All other expenses	2,477,964	1,925,389	545,093	7,482
25 Total functional expenses. Add lines 1 through 24e.	73,484,632	63,293,627	8,966,014	1,224,991
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,707,489	1	4,199,105
	2 Savings and temporary cash investments	1,254,193	2	3,444,568
	3 Pledges and grants receivable, net	7,166,587	3	7,432,271
	4 Accounts receivable, net	6,701,430	4	6,961,727
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,946,415	8	1,890,984
	9 Prepaid expenses and deferred charges	249,175	9	148,368
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 97,428,606		
	b Less accumulated depreciation	10b 53,578,305	44,029,311	10c 43,850,301
	11 Investments—publicly traded securities	159,327,713	11	153,938,537
	12 Investments—other securities See Part IV, line 11	7,849,904	12	10,366,531
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	673,171	14	633,180
	15 Other assets See Part IV, line 11	8,404,764	15	9,502,104
16 Total assets. Add lines 1 through 15 (must equal line 34)	243,310,152	16	242,367,676	
Liabilities	17 Accounts payable and accrued expenses	4,626,991	17	2,852,456
	18 Grants payable	4,645,968	18	1,838,435
	19 Deferred revenue	1,775,334	19	1,516,256
	20 Tax-exempt bond liabilities	24,656,092	20	23,484,352
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	102,204	23	
	24 Unsecured notes and loans payable to unrelated third parties	7,000,000	24	3,000,000
	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	20,732,508	25	23,654,920
	26 Total liabilities. Add lines 17 through 25	63,539,097	26	56,346,419
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	36,517,651	27	38,852,071
	28 Temporarily restricted net assets	61,034,568	28	61,386,938
	29 Permanently restricted net assets	82,218,836	29	85,782,248
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	179,771,055	33	186,021,257	
34 Total liabilities and net assets/fund balances	243,310,152	34	242,367,676	

Part XI Reconciliation of Net Assets

Check 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	84,772,819
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,484,632
3	Revenue less expenses Subtract line 2 from line 1	3	11,288,187
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	179,771,055
5	Net unrealized gains (losses) on investments	5	-5,037,985
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	186,021,257

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 95-2417645

Name: CAL POLY POMONA FOUNDATION INC

Form 990 (2018)

Form 990, Part III, Line 4a:

STUDENT HOUSING - THE VILLAGE PROVIDES VALUABLE, WELL-MAINTAINED, AND FURNISHED ACCOMMODATIONS FOR OVER 1,200 CAL POLY POMONA STUDENTS EACH YEAR BY FOCUSING ON INTERPERSONAL RELATIONSHIPS WITH ITS RESIDENTS, THE HOUSING SERVICES STRIVE TO CREATE A SAFE, RESPECTFUL AND INCLUSIVE COMMUNITY STUDENTS WILL FIND DYNAMIC ENVIRONMENT, WHICH CONTINUALLY WORKS TO ADAPT TO RESIDENTIAL NEEDS RESIDENTS WILL SHARE AN EDUCATIONAL EXPERIENCE THAT EMPOWERS THEM TO PARTICIPATE AND TAKE OWNERSHIP OF THEIR COMMUNITY THE UNIVERSITY VILLAGE ADVANCES STUDENTS SUCCESS THROUGH A HOLISTIC, CO- CURRICULAR EDUCATION, AND STUDENT LEADERSHIP AND EMPLOYMENT OPPORTUNITIES

Form 990, Part III, Line 4b:

INSTRUCTIONALLY RELATED PROGRAMS AND ACTIVITIES - INCLUDING SCHOLARSHIPS, WORKSHOPS AND CONFERENCES THE FOUNDATION ADMINISTERS GIFTS AND DONATIONS TO PROGRAMS, SCHOLARSHIPS AND ENDOWMENTS ON BEHALF OF THE UNIVERSITY THESE FUNDS ARE RESTRICTED BY THE DONOR OR DESIGNATED BY THE UNVERSTY (UNRESTRICTED) TO ENHANCE AND ENRICH THE EDUCATIONAL EXPERIENCE, GOALS, AND OBJECTIVES OF A LEARNING-CENTERED ENVIRONMENT IN GENERAL, THESE FUNDS ARE USED IN THE AREA OF INSTRUCTION, PUBLIC SERVICE, ACADEMIC SUPPORT, STUDENT SERVICES, INSTITUTIONAL SUPPORT, CAPITAL PROJECTS, AND STUDENT GRANTS AND SCHOLARSHIPS

Form 990, Part III, Line 4c:

DINING SERVICES - PROVIDE DINING VENUES FOR THE CONVENIENCE OF STUDENTS, FACULTY AND STAFF THE MISSION OF FOUNDATION DINING SERVICES IS TO DELIVER EXCEPTIONAL FOOD SERVICES TO SUPPORT AND GIVE BACK TO THE CAL POLY POMONA COMMUNITY EACH YEAR, OVER 500 STUDENTS FROM ALL ACADEMIC DISCIPLINES GAIN LEADERSHIP SKILLS AND BUILD RESUMES BY WORKING IN DINING SERVICES OPERATIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SORAYA COLEY CHAIRMAN	0 50 40 00	X		X				0	334,023	112,275
DANIELLE MANNING VICE CHAIR	0 50 40 00	X		X				0	284,174	92,507
SYLVIA ALVA DESIGNATED D	0 50 40 00	X						0	265,458	95,143
JOHN MCGUTHRY DESIGNATED D	0 50 40 00	X						0	246,458	94,145
DANIEL MONTPLAISIR DESIGNATED D	0 50 40 00	X					2,292	239,617	71,780	
LEA JARNAGIN DESIGNATED D	0 50 40 00	X						0	211,813	71,551
LEA DOPSON SECRETARY/TR	0 50 40 00	X		X				0	187,260	64,367
UJ FAN FACULTY DIRE	0 50 40 00	X						0	127,654	58,741
JULIE SHEN DESIGNATED D	0 50 40 00	X						0	114,695	31,392
DAVID SPEAK FACULTY DIRE	0 50 40 00	X						0	95,972	33,898

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORAH GOMAN STAFF DIRECT	0 50 40 00	X						0	58,105	25,943
RACHEL DOMINGUEZ DESIGNATED D	40 00	X						46,672	0	9,573
JENNIFER GREENBERG DESIGNATED D	0 50	X						0	0	0
JOY TAFARELLA STAFF DIRECT	0 50 40 00	X						0	0	0
CHAU MAI HUA STUDENT DIRE	0 50	X						0	0	0
MICHAEL BURKHARDT STUDENT DIRE	0 50	X						0	0	0
ERICA FRAUSTO MEMBER AT LA	0 50	X						0	0	0
MEI LEIN CHANG MEMBER AT LA	0 50	X						0	0	0
THOMAS GOFF MEMBER AT LA	0 50	X						0	0	0
KATHY TULLY MEMBER AT LA	0 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SEAN YU MEMBER AT LA	0 50	X						0	0	0
WILLIAM PRIEST COMMUNITY DI	0 50	X						0	0	0
LOWELL OVERTON COMMUNITY DI	0 50	X						0	0	0
OLIVER SANTOS COMMUNITY DI	0 50	X						0	0	0
DAVID PRENOVOST CHIEF FIN OF	40 00			X				132,835	0	65,186
DENNIS MILLER CHIEF EMPLYM	40 00					X		127,256	0	19,901
SANDRA VAUGHAN-ACTON REAL ESTATE	40 00					X		106,395	0	48,201
RICARDO QUINTERO PROJECT DIRE	40 00					X		103,977	0	22,432
RANDALL TOWNSEND IT DIRECTOR	40 00					X		103,823	0	42,952

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CAL POLY POMONA FOUNDATION INC

Employer identification number

95-2417645

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations 1
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) CALIFORNIA STATE POLYTECHNIC UNIVERSITY POMONA CALIFORNIA STATE POLYTECHNIC UNIVERSITY POMONA	954255659	5	Yes		7,386,093	8,388,422
Total	1				7,386,093	8,388,422

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	29,830,397	18,947,831	21,374,165	22,450,279	24,449,833	117,052,505
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	29,830,397	18,947,831	21,374,165	22,450,279	24,449,833	117,052,505
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,189,830
6 Public support. Subtract line 5 from line 4						111,862,675

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	29,830,397	18,947,831	21,374,165	22,450,279	24,449,833	117,052,505
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,901,226	4,605,521	3,245,305	4,099,518	6,679,417	23,530,987
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						140,583,492

12 Gross receipts from related activities, etc (see instructions) **12** 222,733,939

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	79.570 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	76.560 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1	Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
3a		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		No
5a		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		No
6		No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
8		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		No
9a		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
9b		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
9c		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		No
10a		No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		1	Yes
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	Yes
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	Yes

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		2a	Yes
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	Yes
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION D, LINE 3	THE UNIVERSITY'S ADMINISTRATIVE ORGANIZATION SUPERVISES THE FOUNDATION, AS REQUIRED BY TITLE 5, CALIFORNIA CODE OF REGULATIONS, SECTION 42402, A MAJORITY OF THE BOARD OF DIRECTORS ARE EMPLOYEES OF THE UNIVERSITY, A MAJORITY OF THE INVESTMENT COMMITTEE MEMBERS ARE EMPLOYEES OF THE UNIVERSITY AND THE VARIOUS SCHOLARSHIP COMMITTEES THAT DIRECT THE USE OF THE FOUNDATION'S SCHOLARSHIP INCOME OR ASSETS ARE UNIVERSITY EMPLOYEES

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 2A	UNDER SECTION 89911 ET SEQ OF THE CALIFORNIA EDUCATION CODE, THE FOUNDATION IS A DESIGNATED AUXILIARY ORGANIZATION SERVING EXCLUSIVELY THE UNIVERSITY, WITH AUTHORIZED FUNCTIONS IN FURTHERANCE OF THE UNIVERSITY'S EXEMPT PURPOSE THE FOUNDATION PROVIDES ESSENTIAL FUNCTIONS WHICH ARE AN INTEGRAL PART OF THE EDUCATIONAL MISSION OF THE UNIVERSITY THE UNIVERSITY ENCOURAGES AN ACTIVE ROLE OF THE FOUNDATION IN SUPPORT SERVICES ASSOCIATED WITH THESE FUNCTIONS A EXTERNALLY FUNDED PROJECTS AND PROGRAMS B INSTRUCTIONALLY-RELATED PROGRAMS AND ACTIVITIES C GIFTS, BEQUESTS, ENDOWMENTS, TRUSTS AND SIMILAR GIFT MANAGEMENT D PUBLIC RELATIONS, FUNDRAISING AND FUND MANAGEMENT F BOOKSTORES G FOOD SERVICES H CAMPUS SERVICES I ACQUISITION AND DEVELOPMENT OF REAL PROPERTY J OTHER FUNCTIONS APPROVED BY THE BOARD OF TRUSTEES AND AUTHORIZED BY THE UNIVERSITY

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION E, LINE 2B	THE UNIVERSITY AND THE FOUNDATION HAVE ENTERED INTO A WRITTEN OPERATING AGREEMENT SPECIFYING THE AUTHORIZED SUPPORT FUNCTIONS AND THE INTEGRAL RELATIONSHIP BETWEEN THE TWO ENTITIES THE BOARD OF TRUSTEES OF THE UNIVERSITY FIND CERTAIN SUPPORT FUNCTIONS, ADVANTAGEOUS TO THE MISSION OF THE CALIFORNIA STATE UNIVERSITY, ARE MORE EFFECTIVELY ACCOMPLISHED BY THE USE OF THE FOUNDATION

990 Schedule A, Supplemental Information

Return Reference	Explanation
SUPPLEMENTAL INFORMATION	CAL POLY POMONA FOUNDATION PROVIDED 7,386,093 OF MONETARY SUPPORT AND 8,388,422 OF ESTIMATED OTHER SUPPORT, INCLUDING FAIR MARKET VALUE OF GOODS, OTHER PROPERTY, SERVICES AND USE OF FACILITIES THAT IS PROVIDED TO OR FOR THE BENEFIT OF THE UNIVERSITY CAL POLY POMONA FOUNDATION COMPLETED SCHEDULE A PART II TO DETERMINE IF THE FOUNDATION MET THE PUBLIC SUPPORT TEST AND ACCORDINGLY, A LIST OF THE NAMES OF DONORS ARE PROVIDED UNDER THE SPECIAL RULES OF SCHEDULE B

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization CAL POLY POMONA FOUNDATION INC	Employer identification number 95-2417645
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	67,822,765													
e	Total exempt purpose expenditures (add lines 1c and 1d)	67,822,765													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CAL POLY POMONA FOUNDATION INC

Employer identification number
95-2417645

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

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

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

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

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 Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 ► \$ 1,492,465

(ii) Assets included in Form 990, Part X ► \$ 1,663,065

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (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 are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other EDUCATIONAL MISSION
- 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	99,717,317	96,139,499	85,559,735	90,182,069	86,650,443
b Contributions	3,554,588	665,863	207,095	1,674,226	9,884,478
c Net investment earnings, gains, and losses	2,997,354	7,240,227	11,677,854	-4,539,893	-1,598,005
d Grants or scholarships	4,235,018	3,889,552	962,823	1,304,318	4,280,892
e Other expenditures for facilities and programs	140,874	17,309	8,194	82,896	90,051
f Administrative expenses	418,027	421,411	334,168	369,453	383,904
g End of year balance	101,475,340	99,717,317	96,139,499	85,559,735	90,182,069

- 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 ▶ 84 540 %
 - c** Temporarily restricted endowment ▶ 15 460 %
- 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | No |
| (ii) related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		7,386,722		7,386,722
b Buildings		78,717,756	44,162,565	34,555,191
c Leasehold improvements		143,638	130,186	13,452
d Equipment		11,180,490	9,285,554	1,894,936
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				43,850,301

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

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

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, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PENSION OBLIGATION	8,194,358
NET OPEB LIABILITY	7,943,627
ACCOUNTS PAYABLE TO THE UNIVERSITY	3,679,921
DEFERRED INFLOW-SPLIT INT AGREEMENT	1,333,985
DEPOSITS HELD IN CUSTODY FOR OTHERS	903,198
UNITRUST LIABILITY	890,408
DEFERRED INFLOW - OPEB	654,435
UNAMORTIZED GAIN ON DEBT REFUNDING	54,988
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	23,654,920

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 FIN 48 (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	95,244,360
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-5,037,985
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	15,828,108
e	Add lines 2a through 2d	2e	10,790,123
3	Subtract line 2e from line 1	3	84,454,237
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	318,582
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	318,582
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	84,772,819

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

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

1	Total expenses and losses per audited financial statements	1	88,994,158
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	15,828,108
e	Add lines 2a through 2d	2e	15,828,108
3	Subtract line 2e from line 1	3	73,166,050
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	318,582
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	318,582
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	73,484,632

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-2417645
Name: CAL POLY POMONA FOUNDATION INC

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
PENSION OBLIGATION	8,194,358
NET OPEB LIABILITY	7,943,627
ACCOUNTS PAYABLE TO THE UNIVERSITY	3,679,921
DEFERRED INFLOW-SPLIT INT AGREEMENT	1,333,985
DEPOSITS HELD IN CUSTODY FOR OTHERS	903,198
UNITRUST LIABILITY	890,408
DEFERRED INFLOW - OPEB	654,435
UNAMORTIZED GAIN ON DEBT REFUNDING	54,988

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART III, LINE 4	THE FINE-ART COLLECTION IS FOR USE BY THE UNIVERSITY TO ACHIEVE ITS EDUCATIONAL MISSION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	PERMANENT ENDOWMENTS ARE FUNDS RECEIVED FROM DONORS WITH THE STIPULATION THAT THE PRINCIPAL REMAINS INTACT AND INVESTED IN PERPETUITY TO PRODUCE INCOME THAT WILL BE DISTRIBUTED AND EXPENDED FOR PURPOSES SPECIFIED BY THE DONOR

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE FOUNDATION IS ORGANIZED UNDER THE NONPROFIT PUBLIC BENEFIT LAWS OF CALIFORNIA AND IS RECOGNIZED AS AN EXEMPT ORGANIZATION FOR BOTH FEDERAL AND CALIFORNIA PURPOSES UNDER SECTION 501 (C) (3) AND 23701 (D), RESPECTIVELY THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE TAX POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS THE PRIMARY TAX POSITIONS EVALUATED ARE RELATED TO THE FOUNDATION'S CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE IS UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION, THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED THE FOUNDATION FILES INFORMATIONAL TAX RETURNS IN THE U S FEDERAL JURISDICTIONS AND THE STATE OF CALIFORNIA WITH FEW EXCEPTIONS, THE STATUTE OF LIMITATIONS FOR FEDERAL AND CALIFORNIA STATE PURPOSES IS GENERALLY THREE AND FOUR YEARS, RESPECTIVELY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RENTAL EXPENSES 1,904,263 FUNDRAISING EXPENSES 679,809 COST OF GOODS SOLD 13,244,036

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES 1,904,263 FUNDRAISING EXPENSES 679,809 COST OF GOODS SOLD 13,244,036

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization CAL POLY POMONA FOUNDATION INC

Employer identification number 95-2417645

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

All States

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<u>HOSPITALITY UNC</u> (event type)	<u>TASTING AND AUC</u> (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	550,915	126,313		677,228
	2 Less Contributions	337,557	49,761		387,318
	3 Gross income (line 1 minus line 2)	213,358	76,552		289,910
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,655			1,655
	7 Food and beverages	120,679	5,698		126,377
	8 Entertainment		1,372		1,372
	9 Other direct expenses	448,578	101,827		550,405
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				679,809
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-389,899

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities CA

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CAL POLY POMONA FOUNDATION INC

Employer identification number 95-2417645

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: CAL POLY POMONA UNIVERSITY, 95-4255659, 115, 2,165,095, BOOK, BLDG/EQUIP, SUPPORT UNIVERSITY.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) GRANTS/CONTRACTS	2000	3,378,170			
(2) SCHOLARSHIPS	1200	1,653,031			
(3) FDN PRGRM STIPENDS	1500	759,186			
(4) STIPENDS	700	168,544			
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	ALL SCHOLARSHIP AND OTHER FINANCIAL ASSISTANCE PAYMENTS ARE MONITORED BY THE FINANCIAL AID DEPARTMENT OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA THE FOUNDATION VERIFIES AND APPROVES ALL ELIGIBILITY REQUIREMENTS RELATING TO SPECIFIC PROGRAMS TO ASSURE COMPLIANCE WITH PROJECT TERMS AND CONDITIONS AND DONOR RESTRICTIONS FINANCIAL AID ALSO MAINTAINS RECORDS OF ALL FINANCIAL ASSISTANCE PAYMENTS PAID DURING THE FISCAL PERIOD THE FOUNDATION MAINTAINS ALL RECORDS ASSOCIATED WITH STIPEND PAYMENTS

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

2018

Open to Public Inspection

Name of the organization
CAL POLY POMONA FOUNDATION INC

Employer identification number
95-2417645

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>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</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	PERSONAL SERVICES - MAID SERVICES WAS PROVIDED FOR SORAYA COLEY (CHAIR OF THE BOARD) AT HER RESIDENCE LOCATED ON CAMPUS. THE AMOUNT OF 12,628 WAS NOT TREATED AS TAXABLE COMPENSATION.



Additional Data

Software ID:

Software Version:

EIN: 95-2417645

Name: CAL POLY POMONA FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SORAYA COLEY CHAIRMAN	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	322,023		12,000	93,641	37,268	446,298	
DANIELLE MANNING VICE CHAIR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	284,174			82,305	20,404	376,681	
SYLVIA ALVA DESIGNATED DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	265,458			76,923	36,440	360,601	
JOHN MCGUTHRY DESIGNATED DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	246,458			72,080	44,130	340,603	
DANIEL MONTPLAISIR DESIGNATED DIRECTOR	(i)	-----	-----	2,292	-----	-----	2,292	-----
	(ii)	238,081		1,536	68,829	5,902	311,397	
LEA JARNAGIN DESIGNATED DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	211,813			61,349	20,404	283,364	
LEA DOPSON SECRETARY/TREASURER	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	187,260			54,175	20,384	251,627	
UJ FAN FACULTY DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	127,654			38,205	41,072	186,395	
DAVID PRENOVOST CHIEF FIN OFFICER	(i)	132,835	-----	-----	57,183	16,006	198,021	-----
	(ii)							
SANDRA VAUGHAN-ACTON REAL ESTATE DIRECTOR	(i)	106,395	-----	-----	31,108	34,186	154,596	-----
	(ii)							

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CAL POLY POMONA FOUNDATION INC

Employer identification number

95-2417645

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A SYSTEM REVENUE BONDS SERIES 2013A	95-2417645		07-17-2013	10,045,000	DURING THE 2013-14 FISCAL YEAR, THE FOUNDATION ENTERED INTO A GROUND AND		X		X	X	
B SYSTEM REVENUE BONDS SERIES 2014A	95-2417645		07-31-2014	12,110,000	DURING THE 2014-15 FISCAL YEAR, THE FOUNDATION ENTERED INTO A GROUND AND		X		X	X	
C SYSTEM REVENUE BONDS SERIES 2017A&B	95-2417645		02-08-2017	1,950,000	DURING THE 2016-2017 FISCAL YEAR, THE FOUNDATION ENTERED INTO A GROUND AND		X		X	X	

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	11,569,589		13,966,853		2,224,958			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	59,280		60,972		2,386			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2005		2005		2002			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X		X		X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
<p>SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION</p>	<p>SYSTEM REVENUE BONDS SERIES 2013A FACILITIES LEASE AGREEMENT (CAPITAL LEASE) WITH THE STATE OF CALIFORNIA, ACTING THROUGH THE BOARD OF TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY (BOARD) TO REFUND AND DEFEASE A PORTION OF THE 2005A SERIES BONDS THE BOARD ASSISTED THE FOUNDATION BY ISSUING ITS SYSTEM REVENUE BONDS IN 2013- 14 (SERIES 2013A) AND APPLIED THE PROCEEDS OF SUCH BONDS TO REDEEM THE 2005 SERIES BONDS MATURING ON AND AFTER 2015 THROUGH 2027 THE BOARD LEASED THE PROJECT TO THE FOUNDATION PURSUANT TO THE CAPITAL LEASE, SUBJECT TO THE FOLLOWING GENERAL TERMS AND CONDITIONS (I) THE MAXIMUM ANNUAL DEBT SERVICE UNDER THE CAPITAL LEASE IS 1,443,375 AND THE SCHEDULED TERM OF THE CAPITAL LEASE IS 23 YEARS FROM JULY 2013 THROUGH NOVEMBER 2035 PROCEEDS RECEIVED IN EXCESS OF THE DEBT ARE ADDED TO THE MATURITY AMOUNT AND AMORTIZED TO INTEREST EXPENSE OVER THE LIFE OF THE LIABILITY THE SERIES 2013A BONDS INCLUDED A PREMIUM OF 1,524,589, WHICH IS AMORTIZED USING THE STRAIGHT-LINE METHOD AMORTIZATION FOR THE SERIES 2013A BONDS RECOGNIZED DURING THE 2018-19 YEAR WAS 110,879 THE DIFFERENCE BETWEEN THE REACQUISITION PRICE AND THE NET CARRYING AMOUNT ON THE SERIES 2005A REFUNDED DEBT IS DEFERRED AND AMORTIZED AS A COMPONENT OF INTEREST EXPENSE OVER THE LIFE OF THE NEW DEBT PAYMENTS TO THE REFUNDING ESCROW AGENT EXCEEDED THE EXISTING CARRYING VALUE OF THE REFUNDED DEBT BY 520,246 AMORTIZATION OF 37,836 WAS RECOGNIZED DURING THE 2018- 19 YEAR SYSTEM REVENUE BONDS SERIES 2014A FACILITIES LEASE AGREEMENT (CAPITAL LEASE) WITH THE STATE OF CALIFORNIA, ACTING THROUGH THE BOARD OF TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY (BOARD) TO REFUND AND DEFEASE THE REMAINING PORTION OF THE 2005A SERIES BONDS THE BOARD ASSISTED THE FOUNDATION BY ISSUING ITS SYSTEM REVENUE BONDS IN 2014-15 (SERIES 2014A) AND APPLIED THE PROCEEDS OF SUCH BONDS TO REDEEM THE 2005A SERIES BONDS MATURING ON AND AFTER 2027 THROUGH 2035 THE BOARD LEASED THE PROJECT TO THE FOUNDATION PURSUANT TO THE CAPITAL LEASE, SUBJECT TO THE FOLLOWING GENERAL TERMS AND CONDITIONS (I) THE MAXIMUM ANNUAL DEBT SERVICE UNDER THE CAPITAL LEASE IS 1,676,000 AND THE SCHEDULED TERM OF THE CAPITAL LEASE IS 22 YEARS FROM JULY 2014 THROUGH NOVEMBER 2035 PROCEEDS RECEIVED IN EXCESS OF THE DEBT ARE ADDED TO THE MATURITY AMOUNT AND AMORTIZED TO INTEREST EXPENSE OVER THE LIFE OF THE LIABILITY THE SERIES 2014A BONDS INCLUDED A PREMIUM OF 1,856,853, WHICH IS AMORTIZED USING THE STRAIGHT-LINE METHOD AMORTIZATION OF 87,553 WAS RECOGNIZED DURING THE 2018-19 YEAR FOR SERIES 2014A BONDS THE DIFFERENCE BETWEEN THE REACQUISITION PRICE AND THE NET CARRYING AMOUNT ON THE SERIES 2005A REFUNDED DEBT IS DEFERRED AND AMORTIZED AS A COMPONENT OF INTEREST EXPENSE OVER THE LIFE OF THE NEW DEBT PAYMENTS TO THE REFUNDING ESCROW AGENT EXCEEDED THE EXISTING CARRYING VALUE OF THE REFUNDED DEBT BY 19,891 AMORTIZATION OF 938 WAS RECOGNIZED DURING THE 2018-19 YEAR SYSTEM REVENUE BONDS SERIES 2017A&B FACILITIES LEASE AGREEMENT (CAPIT</p>

Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	<p>AL LEASE) WITH THE STATE OF CALIFORNIA, ACTING THROUGH THE BOARD OF TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY (BOARD) TO REFUND AND DEFEASE THE 2007 SERIES BONDS. THE BOARD ASSISTED THE FOUNDATION BY ISSUING ITS SYSTEM REVENUE BONDS IN 2016-17 (SERIES 2017A&B) AND APPLIED THE PROCEEDS OF SUCH BONDS TO REDEEM THE 2007 SERIES BONDS MATURING ON AND AFTER 2017 THROUGH 2024. THE BOARD LEASED THE PROJECT TO THE FOUNDATION PURSUANT TO THE CAPITAL LEASE, SUBJECT TO THE FOLLOWING GENERAL TERMS AND CONDITIONS: (I) THE MAXIMUM ANNUAL DEBT SERVICE UNDER THE CAPITAL LEASE IS 302,875 AND THE SCHEDULED TERM OF THE CAPITAL LEASE IS 7 YEARS FROM FEBRUARY 2017 THROUGH NOVEMBER 2024. THE REFUNDING GENERATED A CASH FLOW SAVINGS OF 306,116 AND A NET PRESENT VALUE OF 289,963. PROCEEDS RECEIVED IN EXCESS OF THE DEBT ARE ADDED TO THE MATURITY AMOUNT AND AMORTIZED TO INTEREST EXPENSE OVER THE LIFE OF THE LIABILITY. THE SERIES 2017A&B BONDS INCLUDED A PREMIUM OF 274,958, WHICH IS AMORTIZED USING THE STRAIGHT-LINE METHOD. AMORTIZATION FOR THE SERIES 2017A&B BONDS RECOGNIZED DURING THE 2018-19 YEAR WAS 33,328. THE DIFFERENCE BETWEEN THE REACQUISITION PRICE AND THE NET CARRYING AMOUNT ON THE SERIES 2007 REFUNDED DEBT IS DEFERRED AND AMORTIZED AS A COMPONENT OF INTEREST EXPENSE OVER THE LIFE OF THE NEW DEBT. PAYMENTS TO THE REFUNDING ESCROW AGENT WERE LESS THAN THE EXISTING CARRYING VALUE OF THE REFUNDED DEBT BY 77,767. AMORTIZATION OF 9,426 WAS RECOGNIZED DURING THE 2018-19 YEAR.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CAL POLY POMONA FOUNDATION INC

Employer identification number
95-2417645

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	1,492,465	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	17	1,394,323	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	300	178,745	MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

CAL POLY POMONA FOUNDATION INC

Employer identification number

95-2417645

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>THE CAL POLY POMONA FOUNDATION, INC , ESTABLISHED IN 1966, IS AN INTEGRAL COMPONENT OF THE EDUCATIONAL MISSION OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA,(UNIVERSITY) IN PURSUIT OF THIS MISSION, THE FOUNDATION IS A PARTNER IN THE UNIVERSITY COMMUNITY WHICH INCLUDES STUDENTS, FACULTY, STAFF, ADMINISTRATORS, ALUMNI AND MEMBERS OF THE LARGER COMMUNITY THE FOUNDATION EXISTS TO PROVIDE THE HIGHEST LEVEL OF SERVICE TO THESE CONSTITUENCIES THE ROLE OF THE FOUNDATION IS TO PROVIDE APPROPRIATE GOODS AND SERVICES AT A REASONABLE AND COMPETITIVE PRICE, TO PROMOTE AND CELEBRATE THE CULTURAL DIVERSITY OF THE UNIVERSITY, TO HELP FOSTER AND MAINTAIN AN EFFECTIVE LEARNING ENVIRONMENT, TO PROVIDE EDUCATIONAL OPPORTUNITIES, TO REFLECT AN INSTITUTIONAL IMAGE OF COMPETENCE AND QUALITY, TO ENCOURAGE COOPERATIVE RELATIONS WITHIN THE UNIVERSITY COMMUNITY, TO PROVIDE ADVICE ON SERVICES AND RESOURCES APPROPRIATE TO EDUCATIONAL NEEDS, TO GENERATE INCOME THAT CAN AUGMENT UNIVERSITY RESOURCES , TO STRENGTHEN UNIVERSITY IDENTITY AND TO RECOGNIZE AND PROVIDE VISIBILITY FOR THE ACHIEVEMENTS OF MEMBERS OF THE UNIVERSITY COMMUNITY THE FOUNDATION IS A RECOGNIZED AUXILIARY OF THE CALIFORNIA STATE UNIVERSITY SYSTEM AND CONFORMS TO THE CALIFORNIA CODE OF REGULATIONS , TITLE 5, SECTION 42400 ET SEQ ESTABLISHED BY THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY THE UNIVERSITY'S ADMINISTRATIVE ORGANIZATION SUPERVISES THE FOUNDATION, AS REQUIRED BY TITLE 5, CALIFORNIA CODE OF REGULATIONS, SECTION 42402</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	A PROVIDE CONFERENCE CENTER AND HOTEL FOR EDUCATIONALLY RELATED ACTIVITIES B PROVIDE BOOKS, SUPPLIES, ETC THROUGH THE BOOKSTORE C PROVIDE NON-CREDIT EDUCATIONALLY RELATED COURSES D PROVIDE AGRICULTURAL-AID-TO-INSTRUCTION COURSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	AT LEAST TWO WEEKS PRIOR TO FILING OF THE ANNUAL FORM 990, THE CHIEF FINANCIAL OFFICER SHALL DISTRIBUTE THE FINAL DRAFT OF THE FORM TO EACH MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT COMMENTS OR CHANGES SUGGESTED BY SUCH BOARD MEMBER SHALL BE FORWARDED TO THE FOUNDATION'S CHIEF FINANCIAL OFFICER, WHO SHALL REVISE THE FORM IF NECESSARY AND THEREAFTER SUBMIT THE FORM 990 TO THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	PER THE FOUNDATION'S CONFLICT OF INTEREST - BOARD OF DIRECTORS POLICY 221 EACH YEAR BOARD MEMBERS ARE REQUIRED TO REVIEW THE APPLICABLE PORTION OF THE CALIFORNIA EDUCATION AND ATTEST THAT THEY DO NOT HAVE ANY CONFLICTING FINANCIAL INTERESTS IF AT ANY TIME, A BOARD MEMBER DETERMINES THAT A CONFLICT OF INTEREST EXISTS, HE/SHE WILL DISCLOSE THE CIRCUMSTANCES TO THE EXECUTIVE DIRECTOR OF THE CAL POLY POMONA FOUNDATION, INC , IMMEDIATELY IF ANY MEMBER OF THE BOARD OF DIRECTORS IS FOUND TO BE IN VIOLATION OF THIS POLICY OR THE FINANCIAL INTEREST SECTION OF THE CALIFORNIA EDUCATION CODE, THAT MEMBER WILL BE GIVEN A REASONABLE PERIOD OF TIME TO RESOLVE THE CONFLICT IN THE EVENT THAT THE CONFLICT CAN NOT BE RESOLVED IN A MANNER COMPLIANT WITH THE CALIFORNIA EDUCATION CODE, THE DIRECTOR MUST RESIGN FROM THE BOARD PER THE FOUNDATION'S CONFLICT OF INTEREST - EMPLOYEES POLICY 222 ALL MANAGEMENT AND OTHER EMPLOYEES (INCLUDING EMPLOYEES OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA , INDEPENDENT CONTRACTORS, SUBCONTRACTORS, CONSULTANTS, ETC) THAT HAVE BEEN DESIGNATED AS IN POSITIONS OF DECISION MAKING AUTHORITY RELATED TO FOUNDATION BUSINESS ACTIVITIES, ARE REQUIRED TO ANNUALLY REVIEW THE APPLICABLE PORTION OF THE CALIFORNIA EDUCATION CODE AND ATTEST THAT THEY DO NOT HAVE ANY CONFLICTING FINANCIAL INTERESTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION (INCLUDING BENEFITS) OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER IS SUBJECT TO THE FOUNDATION'S EXECUTIVE COMPENSATION POLICY 126 THE BOARD OF DIRECTORS SHALL REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER AS FOLLOWS 1 THE BOARD SHALL CONSIDER THE COMPENSATION OF COMPARABLE EMPLOYMENT POSITIONS PAID BY COMPARABLE ORGANIZATIONS THE BOARD SHALL ALSO TAKE INTO ACCOUNT ANY OTHER RELEVANT INFORMATION AND FACTORS IN DETERMINING THE REASONABLENESS OF EXECUTIVE COMPENSATION THE MINUTES SHALL REFLECT THE CONSIDERATION OF THE BOARD AS TO THE ISSUE OF EXECUTIVE COMPENSATION 2 ONLY THOSE MEMBERS OF THE BOARD WHO ARE FREE OF CONFLICTS OF INTEREST MAY BE INVOLVED IN EVALUATION OF EXECUTIVE COMPENSATION 3 THE BOARD SHALL UNDERTAKE THIS REVIEW PROCESS UPON THE HIRING OF A NEW EMPLOYEE FOR EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER, AND UPON THE MODIFICATION OF THE COMPENSATION FOR SUCH POSITION, BUT IN NO CASE LESS THAN ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	ALL EMPLOYEES HAVE A WRITTEN JOB DESCRIPTION FOR WHICH THEIR PERFORMANCE IS MEASURED ANNUALLY USING A POINT SYSTEM BOTH THE EMPLOYEE AND REPORTING SUPERVISOR HAVE AN OPPORTUNITY TO PROVIDE INPUT ON THE ANNUAL EVALUATION, AND A REVIEW OF EACH EVALUATION IS COMPLETED BY AN UNINTERESTED THIRD PARTY WITHIN EMPLOYMENT SERVICES THE OVERALL POINT VALUE DETERMINES THE RATE OF INCREASE, IF ANY COMPENSATION COMPARABILITY IS COMPLETED BY USING THE AOA COMPENSATION SURVEY, WHICH INCLUDES POSITIONS FROM AS MANY AS 50 OTHER CSU AUXILIARIES, AND ALSO INCLUDES A REVIEW OF THE PUBLISHED CSU SALARY LETTERS AND THEIR RESPECTIVE WRITTEN JOB DESCRIPTIONS TOGETHER WE USE THIS DATA ALONG WITH OUR OWN HISTORICAL PRACTICES TO DEVELOP OUR SALARY RANGES, AND THIS ANALYSIS AND THE ASSOCIATED SALARY FRAMEWORK IS CONDUCTED INDEPENDENTLY WITHIN EMPLOYMENT SERVICES, AND ULTIMATELY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, AND DOCUMENTED ACCORDINGLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY 206 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE AND UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RENTAL EXPENSES 1,904,263 FUNDRAISING EXPENSES 679,809 COST OF GOODS SOLD 13,244,036 RENTA L EXPENSES -1,904,263 FUNDRAISING EXPENSES -679,809 COST OF GOODS SOLD -13,244,036

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CAL POLY POMONA FOUNDATION INC

Employer identification number

95-2417645

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
(1) CALIFORNIA STATE POLYTECHNIC UNIVER 3801 W TEMPLE AVE POMONA, CA 91768 95-4255659	STATE UNIV	CA	115	2	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)CHARITABLE REMAINDER TRUSTS (6)	INVESTMENT	CA	N/A						No

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIF STATE POLYTECHNIC UNIVERSITY	J	842,235	
(2) CALIF STATE POLYTECHNIC UNIVERSITY	P	15,780,934	
(3) CALIF STATE POLYTECHNIC UNIVERSITY	Q	14,356,414	
(4) CALIF STATE POLYTECHNIC UNIVERSITY	B	2,615,095	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation