

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
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CAL POLY POMONA FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3801 WEST TEMPLE AVE BLDG 55

City or town, state or province, country, and ZIP or foreign postal code
POMONA, CA 917684038

D Employer identification number
95-2417645

E Telephone number
(909) 869-3154

G Gross receipts \$ 81,106,763

F Name and address of principal officer:
JARED G CEJA
3801 WEST TEMPLE AVE BLDG 55
POMONA, CA 917684038

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ FOUNDATION.CPP.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1966

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PRIMARILY SUPPORT, PROMOTE AND ASSIST THE EDUCATIONAL PROGRAMS AT CSP UNIVERSITY, POMONA.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,357
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,775,752
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year		Current Year	
8 Contributions and grants (Part VIII, line 1h)	24,449,833	12,706,662		
9 Program service revenue (Part VIII, line 2g)	25,243,334	21,399,065		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,184,152	969,568		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,895,500	18,731,917		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,772,819	53,807,212		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,124,026	151,225,878		
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,790,155	31,595,811		
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	33,570,451	26,744,577		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	73,484,632	209,566,266		
19 Revenue less expenses. Subtract line 18 from line 12	11,288,187	-155,759,054		
	Beginning of Current Year		End of Year	
20 Total assets (Part X, line 16)	242,367,676	112,439,496		
21 Total liabilities (Part X, line 26)	56,346,419	73,983,463		
22 Net assets or fund balances. Subtract line 21 from line 20	186,021,257	38,456,033		

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: 2021-03-09

JOANNE MATHEW DIR OF FINANCIAL SERVICES/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-03-09 Check if self-employed PTIN: P00485021

Firm's name ▶ ALDRICH CPAS AND ADVISORS LLP Firm's EIN ▶ 93-0623286

Firm's address ▶ 7676 HAZARD CENTER DRIVE STE 1300 SAN DIEGO, CA 92108 Phone no. (619) 810-4940

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:

TO ENGAGE IN ENTERPRISE AND PROGRAM SUPPORT ACTIVITIES TO AID THE EDUCATIONAL MISSION OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA FOR THE BENEFITS OF STUDENTS, FACULTY, STAFF, ALUMNI, AND VISITORS.

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 \$ 12,508,445 including grants of \$) (Revenue \$ 5,382,598)
See Additional Data

4b (Code:) (Expenses \$ 4,392,946 including grants of \$) (Revenue \$ 8,516,295)
See Additional Data

4c (Code:) (Expenses \$ 1,908,059 including grants of \$) (Revenue \$ 7,573,567)
See Additional Data

(Code:) (Expenses \$ 177,315,232 including grants of \$ 151,225,878) (Revenue \$ 12,882,770)

INSTRUCTIONALLY RELATED PROGRAMS AND ACTIVITIES INCLUDING CAMPUS PROGRAMS, WORKSHOPS AND CONFERENCES. THE FOUNDATION ADMINISTERS PROGRAM REVENUE ON BEHALF OF THE UNIVERSITY. THESE FUNDS ARE DESIGNATED BY THE UNIVERSITY (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.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 177,315,232 including grants of \$ 151,225,878) (Revenue \$ 12,882,770)

4e Total program service expenses ▶ 196,124,682

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
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: JOANNE MATHEW 3801 W TEMPLE AVE BLDG 55 POMONA, CA 917684038 (909) 869-3154

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e	11,670,057			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,036,605			
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f		12,706,662			
Program Service Revenue	2a OTHER OPERATING REVENUE	Business Code				
		900099	8,559,919	8,559,919		
	b STUDENT HOUSING	900099	8,516,295	8,516,295		
	c TUITION FEES	900099	2,808,031	2,808,031		
	d ENTERPRISE ACTIVITIES	900099	1,514,820	1,514,820		
	e					
	f All other program service revenue.					
g Total. Add lines 2a-2f.		21,399,065				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,084,803		1,084,803	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6b Less: rental expenses				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	16,434,122			
		(ii) Other				
		b Less: cost or other basis and sales expenses	7b	16,549,357		
	c Gain or (loss)	7c	-115,235			
	d Net gain or (loss)		-115,235		-115,235	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a	25,068,565				
	b Less: cost of goods sold	10b	10,750,194			
c Net income or (loss) from sales of inventory		14,318,371	12,956,165	1,362,206		
Miscellaneous Revenue	Business Code					
11a CONFERENCE CENTER AND HOTEL	722320	1,853,828		1,853,828		
b LANTERMAN	531190	1,336,420		1,336,420		
c COLLEGE OF AGRICULTURE	445200	1,194,559		1,194,559		
d All other revenue		28,739		28,739		
e Total. Add lines 11a-11d		4,413,546				
12 Total revenue. See instructions		53,807,212	34,355,230	5,775,752	969,568	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	148,546,993	148,546,993		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,678,885	2,678,885		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	550,961	211,843	339,118	
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	21,375,827	18,363,409	3,012,418	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,329,734	2,037,827	291,907	
9 Other employee benefits	5,957,137	2,962,234	2,994,903	
10 Payroll taxes	1,382,152	1,178,641	203,511	
11 Fees for services (non-employees):				
a Management				
b Legal	35,334	13,601	21,733	
c Accounting	191,475	40,904	150,571	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	64,492		64,492	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,352,970	2,540,193	812,777	
12 Advertising and promotion	459,087	207,945	251,142	
13 Office expenses	2,978,491	2,458,533	519,958	
14 Information technology	542,406	270,488	271,918	
15 Royalties	409,088	394,688	14,400	
16 Occupancy	2,542,100	2,188,436	353,664	
17 Travel	1,538,384	1,231,879	306,505	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	89,435	53,906	35,529	
20 Interest	1,573,100	1,463,008	110,092	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,335,478	2,466,412	869,066	
23 Insurance	330,443	229,397	101,046	
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 MISCELLANEOUS	2,929,857	2,575,915	353,942	
b REPAIRS & MAINTENANCE	2,571,857	998,270	1,573,587	
c INDIRECT COST RETURNED	2,106,932	1,524,187	582,745	
d BAD DEBTS	592,212	592,212	0	
e All other expenses	1,101,436	894,876	206,560	
25 Total functional expenses. Add lines 1 through 24e	209,566,266	196,124,682	13,441,584	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance 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	4,199,105	1	6,830,865
	2 Savings and temporary cash investments	3,444,568	2	255,113
	3 Pledges and grants receivable, net	7,432,271	3	1,467,496
	4 Accounts receivable, net	6,961,727	4	7,083,842
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,890,984	8	1,996,074
	9 Prepaid expenses and deferred charges	148,368	9	260,103
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 114,865,607		
	b Less: accumulated depreciation	10b 56,502,108	43,850,301	10c 58,363,499
	11 Investments—publicly traded securities	154,218,963	11	26,116,504
	12 Investments—other securities. See Part IV, line 11	10,086,105	12	2,369,897
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	633,180	14	593,190
	15 Other assets. See Part IV, line 11	9,502,104	15	7,102,913
16 Total assets. Add lines 1 through 15 (must equal line 34)	242,367,676	16	112,439,496	
Liabilities	17 Accounts payable and accrued expenses	2,852,456	17	4,250,612
	18 Grants payable	1,838,435	18	1,970,739
	19 Deferred revenue	1,516,256	19	1,518,740
	20 Tax-exempt bond liabilities	23,484,352	20	42,532,592
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	3,000,000	24	2,000,000
	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	23,654,920	25	21,710,780
	26 Total liabilities. Add lines 17 through 25	56,346,419	26	73,983,463
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	85,782,248	27	19,887,766
	28 Net assets with donor restrictions	100,239,009	28	18,568,267
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	186,021,257	32	38,456,033	
33 Total liabilities and net assets/fund balances	242,367,676	33	112,439,496	

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	53,807,212
2	Total expenses (must equal Part IX, column (A), line 25)	2	209,566,266
3	Revenue less expenses. Subtract line 2 from line 1	3	-155,759,054
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	186,021,257
5	Net unrealized gains (losses) on investments	5	204,959
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	7,988,871
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,456,033

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 (2019)

Form 990, Part III, Line 4a:

DINING SERVICES - OPERATES A DIVERSE ARRAY OF DINING VENUES FOR THE CONVENIENCE OF STUDENTS, FACULTY, STAFF, AND OTHER UNIVERSITY CONSTITUENTS. THE MISSION OF FOUNDATION DINING SERVICES IS TO DELIVER QUALITY FOOD SERVICES AT AFFORDABLE PRICES WHILE PROVIDING VALUABLE STUDENT WORK EMPLOYMENT OPPORTUNITIES AND RESOURCE SUPPORT TO THE CAL POLY POMONA COMMUNITY. EACH YEAR, OVER 500 STUDENTS FROM ALL ACADEMIC DISCIPLINES GAIN LEADERSHIP SKILLS AND BENEFICIAL WORK EXPERIENCES BY WORKING IN RESIDENTIAL AND RETAIL DINING OPERATIONS.

Form 990, Part III, Line 4b:

STUDENT HOUSING - THE VILLAGE OFFERS AFFORDABLE, WELL- MAINTAINED, AND FURNISHED ACCOMMODATIONS TO OVER 1,200 CAL POLY POMONA STUDENTS EACH YEAR. BY FOCUSING ON INTERPERSONAL RELATIONSHIPS WITH ITS RESIDENTS, HOUSING SERVICES STRIVE TO CREATE A SAFE, RESPECTFUL, AND INCLUSIVE COMMUNITY. STUDENTS ENGAGE WITH A SUPPORTIVE STAFF AND DYNAMIC ENVIRONMENT THAT CONTINUALLY WORKS TO ADAPT TO RESIDENT NEEDS. THE UNIVERSITY VILLAGE PRIDES ITSELF ON ADVANCING STUDENTS SUCCESS THROUGH A HOLISTIC, CO-CURRICULAR EDUCATION, AND STUDENT EMPLOYMENT OPPORTUNITIES.

Form 990, Part III, Line 4c:

BRONCO BOOKSTORE - OFFERS THE ACADEMIC COMMUNITY ALL OF THE COURSE MATERIALS, SUPPLIES, TECHNOLOGY, SPIRIT GEAR, AND TOOLS NECESSARY FOR A SUCCESSFUL UNIVERSITY EXPERIENCE. ITS MISSION IS TO PROVIDE THESE GOODS, AND SERVICES IN THE MOST AFFORDABLE AND CONVENIENT MANNER POSSIBLE. THE BRONCO BOOKSTORE ALSO SUPPORTS FACULTY EFFORTS TO IDENTIFY THE COURSE MATERIALS THAT ARE MOST ADVANTAGEOUS FOR STUDENT LEARNING AND COMPLETION. STAFF TAKE PRIDE IN DEVELOPING STUDENT EMPLOYEES WITH CO-CURRICULAR EXPERIENCES THAT ENHANCE THEIR CLASSROOM LEARNING.

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	333,609	109,120
SYLVIA ALVA DESIGNATED DIRECTOR	0.50 40.00	X						0	265,458	95,143
DANNIELLE MANNING VICE CHAIR	0.50 40.00	X		X				0	293,857	92,324
DANIEL MONTPLAISIR DESIGNATED DIRECTOR	0.50 40.00	X						0	245,860	74,727
LEA DOPSON SECRETARY/TREASURY	0.50 40.00	X		X				0	187,260	64,367
RACHEL DOMINGUEZ DESIGNATED DIRECTOR	40.00 0.00	X						50,584	0	7,711
EILEEN SULLIVAN DESIGNATED DIRECTOR	0.50 40.00	X						0	0	0
JOHN MCGUTHRY DESIGNATED DIRECTOR	0.50 40.00	X						0	246,458	94,145
PHYLLIS NELSON DESIGNATED DIRECTOR	0.50 40.00	X						0	118,279	47,386
RICARDO QUINTERO DESIGNATED DIRECTOR	40.00 0.00	X						118,420	0	21,526

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			
PASINDU SENARATNE DESIGNATED DIRECTOR	0.50 40.00	X						0	0	0
DAVID SPEAK FACULTY DIRECTOR	0.50 40.00	X						0	95,972	33,898
XUDONG JIA FACULTY DIRECTOR	0.50 40.00	X						0	0	0
DEBORAH GOMAN STAFF DIRECTOR	0.50 40.00	X						0	57,081	25,943
JOY TAFARELLA STAFF DIRECTOR	0.50 40.00	X						0	0	0
MICHAEL VAZQUEZ STUDENT DIRECTOR	0.50 40.00	X						0	0	0
RAVINA SOMA STUDENT DIRECTOR	0.50 40.00	X						0	0	0
SEAN YU MEMBER AT LARGE	0.50	X						0	0	0
ERICA FRAUSTO MEMBER AT LARGE	0.50	X						0	0	0
MEI LIEN CHANG MEMBER AT LARGE	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			
OLIVER SANTOS MEMBER AT LARGE	0.50	X						0	0	0
LOWELL OVERTON MEMBER AT LARGE	0.50	X						0	0	0
JAMES PRIEST MEMBER AT LARGE	0.50	X						0	0	0
DAVID PRENOVOST SENIOR MANAGING DIRECTOR	40.00			X				200,602	0	29,631
JOANNE MATHEW - START NOV 2020 DEFACTO - DIRECTOR OF FINANCIAL SERVICES/CFO	0.00			X				0	0	0
JARED CEJA - START MARCH 2020 EXECUTIVE DIRECTOR	40.00			X				0	0	0
DENNIS J MILLER EMPLOYMENT SERVICE DIRECTOR	0.00 40.00					X		157,203	0	31,094
RANDALL L TOWNSEND IT/MIS DIRECTOR	40.00					X		167,910	0	20,513
SANDRA J VAUGHAN-ACTON REAL ESTATE DIRECTOR	40.00					X		179,335	0	32,460

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 instructions and the latest information.

OMB No. 1545-0047
2019
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	954255659	5	Yes		4,873,261	8,753,853
Total	1				4,873,261	8,753,853

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	18,947,831	21,374,165	22,450,279	24,449,833	12,706,662	99,928,770
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	18,947,831	21,374,165	22,450,279	24,449,833	12,706,662	99,928,770
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)						
6	Public support. Subtract line 5 from line 4.						99,928,770

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	18,947,831	21,374,165	22,450,279	24,449,833	12,706,662	99,928,770
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,605,521	3,245,305	4,099,518	6,679,417	1,084,803	19,714,564
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						119,643,334
12	Gross receipts from related activities, etc. (see instructions)					12	222,030,115

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 2019 (line 6, column (f) divided by line 11, column (f))	14	83.520 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	79.570 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2			No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		No
7			No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		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))? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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? <i>If "Yes," provide detail in Part VI.</i>		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)? <i>If "Yes," answer line 10b below.</i>		No
10a			No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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

- 1** 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 - ROLE OF SUPPORTED ORGANIZATIONS	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 - EXPLANATION OF SUPPORTED ORGAN	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. PUBLIC RELATIONS AND FUND MANAGEMENT D. BOOKSTORES E. FOOD SERVICES F. CAMPUS SERVICES G. ACQUISITION AND DEVELOPMENT OF REAL PROPERTY H. 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 - EXPLANATION OF ORGANIZATION'S	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, MORE EFFECTIVELY ACCOMPLISHED BY THE USE OF THE FOUNDATION.

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

2019
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
--	--

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
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

209,566,266	
209,566,266	
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)
- 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-

250,000	
0	
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? Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	101,475,340	99,717,317	96,139,499	85,559,735	90,182,069
b Contributions		3,554,588	665,863	207,095	1,674,226
c Net investment earnings, gains, and losses		2,997,354	7,240,227	11,677,854	-4,539,893
d Grants or scholarships		4,235,018	3,889,552	962,823	1,304,318
e Other expenditures for facilities and programs	101,475,340	140,874	17,309	8,194	82,896
f Administrative expenses		418,027	421,411	334,168	369,453
g End of year balance		101,475,340	99,717,317	96,139,499	85,559,735

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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		6,833,910		6,833,910
b Buildings		95,274,989	46,455,037	48,819,952
c Leasehold improvements		143,638	131,364	12,274
d Equipment		12,613,070	9,915,707	2,697,363
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				58,363,499

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) ASSETS HELD FOR SALE	402,900
(2) UNAMORTIZED LOSS ON DEBT REFUNDING	272,889
(3) NET PENSION LIABILITY	3,826,378
(4) NET OPEB LIABILITY	2,600,746
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 7,102,913

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NET PENSION LIABILITY	9,539,724
(3) NET OPEB LIABILITY	8,428,465
(4) ACCOUNTS PAYABLE TO THE UNIVERSITY	2,289,213
(5) SPLIT INTEREST AGREEMENTS	700,802
(6) UNITRUST LIABILITY	707,015
(7) UNAMORTIZED GAIN ON DEBT REFUNDING	45,561
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 21,710,780

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	68,318,091
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	204,959	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	18,739,065	
e	Add lines 2a through 2d			2e 18,944,024
3	Subtract line 2e from line 1			3 49,374,067
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	64,492	
b	Other (Describe in Part XIII.)	4b	4,368,653	
c	Add lines 4a and 4b			4c 4,433,145
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 53,807,212

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	215,883,315
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	10,750,194	
e	Add lines 2a through 2d			2e 10,750,194
3	Subtract line 2e from line 1			3 205,133,121
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	64,492	
b	Other (Describe in Part XIII.)	4b	4,368,653	
c	Add lines 4a and 4b			4c 4,433,145
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 209,566,266

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	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 ARE UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS WILL MOST LIKELY BE SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD NETTED WITH REVENUE 10,750,194. UNREALIZED GAIN ON FIXED ASSETS 7,988,871.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	TRANSFER OF ASSETS TO THE UNIVERSITY 4,368,653.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD NETTED WITH REVENUE 10,750,194.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	TRANSFER OF ASSETS TO THE UNIVERSITY 4,368,653.

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

2019

**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? **Yes** **No**
- 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.

(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
(1) CALIFORNIA STATE POLYTECHNIC UNIVERSITY POMONA 3801 W TEMPLE AVE POMONA, CA 91775	95-4255659	115	54,153	4,470,249	FMV	CAPITAL ASSETS	SUPPORT UNIVERSITY
(2) CAL POLY POMONA PHILANTHROPIC FOUNDATION 3801 W TEMPLE AVE POMONA, CA 91768	83-2300241	501 (C)(3)	0	144,022,591	FMV	INVESTMENTS, PLEDGES, CAPITAL ASSETS AND CHARITABLE GIFT ANNUITY.	TRANSFER OF NET ASSETS

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

3 Enter total number of other organizations listed in the line 1 table **0**

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) SCHOLARSHIP AND STIPENDS	2000	2,678,885			
(2)					
(3)					
(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
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 ENSURE 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)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><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"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 on 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 border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	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 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
PART I, LINE 1A	PERSONAL SERVICES: MAID SERVICES WERE PROVIDED FOR SORAYA COLEY, CHAIR OF THE BOARD AT HER RESIDENCE LOCATED ON CAMPUS. THE AMOUNT 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				
1SORAYA COLEY CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	333,609	0	0	100,640	8,480	442,729	0
1SYLVIA ALVA DESIGNATED DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	265,458	0	0	76,923	18,220	360,601	0
2DANNIELLE MANNING VICE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	293,857	0	0	88,193	4,131	386,181	0
3DANIEL MONTPLAISIR DESIGNATED DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	245,860	0	0	73,754	973	320,587	0
4LEA DOPSON SECRETARY/TREASURY	(i)	0	0	0	0	0	0	0
	(ii)	187,260	0	0	54,175	10,192	251,627	0
5JOHN MCGUTHRY DESIGNATED DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	246,458	0	0	72,080	22,065	340,603	0
6PHYLLIS NELSON DESIGNATED DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	118,279	0	0	25,793	21,593	165,665	0
7DAVID PRENOVOST SENIOR MANAGING DIRECTOR	(i)	200,602	0	0	20,824	8,807	230,233	0
	(ii)	0	0	0	0	0	0	0
8DENNIS J MILLER EMPLOYMENT SERVICE DIRECTOR	(i)	157,203	0	0	29,250	1,844	188,297	0
	(ii)	0	0	0	0	0	0	0
9RANDALL L TOWNSEND IT/MIS DIRECTOR	(i)	167,910	0	0	18,459	2,054	188,423	0
	(ii)	0	0	0	0	0	0	0
10 SANDRA J VAUGHAN-ACTON REAL ESTATE DIRECTOR	(i)	179,335	0	0	10,764	21,696	211,795	0
	(ii)	0	0	0	0	0	0	0

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

2019

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 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 Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include SYSTEM REVENUE BONDS SERIES 2013A, 2014A, and 2017A & B.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion), A, B, C, D. Includes questions 14-17 regarding bond issuance details.

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Are there any lease arrangements that may result in private business use of bond-financed property?), A, B, C, D.

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 22 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 2019-20 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 2019-20 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 21 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 2019-20 YEAR. SYSTEM REVENUE BONDS SERIES 2017A&B FACILITIES LEASE AGREEMENT</p>

Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	<p>NT (CAPITAL 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 2019-20 YEAR WAS \$33,328.</p>

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

**SCHEDULE N
(Form 990 or 990-EZ)**

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
CAL POLY POMONA FOUNDATION INC

Employer identification number

95-2417645

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.
Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
---	--	--------------------------	---	--	----------------------	-----------------------------------	---

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	2a	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c	Become a direct or indirect owner of a successor or transferee organization?	2c	
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶		

Part III Supplemental Information.

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
PART II, LINE 2E:	PERSON(S) INVOLVED: SORAYA COLEY AND DANIEL MONTPLAISIR ARE ON THE BOARD OF BOTH CAL POLY POMONA FOUNDATION AND THE PHILANTHROPIC FOUNDATION. SEAN YU RESIGNED FROM THE FOUNDATION'S BOARD AND HAS BECOME A BOARD MEMBER OF THE PHILANTHROPIC FOUNDATION.
PART II, LINE 2E:	EXPLANATION OF INVOLVEMENT: DURING FISCAL YEAR 2019-20, THE FOUNDATION TRANSFERRED, BY GIFT, APPROXIMATELY \$144 MILLION OF RESTRICTED ASSETS TO THE PHILANTHROPIC FOUNDATION. RESTRICTED ASSETS TRANSFERRED INCLUDED ENDOWMENTS OF \$101.5 MILLION, SCHOLARSHIPS OF \$4.6 MILLION, PROGRAMS OF \$21.9 MILLION, AND PLEDGES RECEIVABLE OF \$4.7 MILLION, THE MAJORITY CONSISTING OF INVESTMENTS. IN ADDITION, THE FOUNDATION TRANSFERRED OTHER RECEIVABLES, CAPITAL ASSETS AND CHARITABLE REMAINDER TRUSTS TOTALING \$11.4 MILLION TO THE PHILANTHROPIC FOUNDATION DURING FISCAL YEAR 2019-20.

Additional Data

Software ID:

Software Version:

EIN: 95-2417645

Name: CAL POLY POMONA FOUNDATION INC

Form 990, Schedule N, Part II - Sale, Exchange, Disposition or Other Transfer of more than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
	INVESTMENTS, PLEDGES, CAPITAL ASSETS AND CHARITABLE GIFT ANNUITY.	06-30-2020	144,022,591	FMV	83-2300241	CAL POLY POMONA PHILANTHROPIC FOUNDATION 3801 WEST TEMPLE AVENUE POMONA, CA 91768	501(C)(3)

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

2019**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, PART III, LINE 3	THE FOUNDATION TRANSFERRED ITS ENTIRE ENDOWMENT FUND, SCHOLARSHIPS FUND, AND OVER HALF PROGRAM FUND AS GIFT TO THE CPP PHILANTHROPIC FOUNDATION IN FY2019-20 AS A RESULT THE FOUNDATION IS NO LONGER TAKING DONATIONS AND GIFTS ON BEHALF OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PRIOR TO THE 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 REVISES THE FORM AS NECESSARY AND THEREAFTER SUBMIT THE FORM 990 TO THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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. 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 BEING 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, PART VI, SECTION B, LINE 15	<p>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 REVIEWS 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. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS: 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 AS MANY AS 50 POSITIONS FROM OTHER CSU AUXILIARIES, AND ALSO INCLUDES A REVIEW OF THE PUBLISHED CSU SALARY LETTERS AND THEIR RESPECTIVE WRITTEN JOB DESCRIPTIONS. THIS ANALYSIS IS CONDUCTED INDEPENDENTLY WITHIN EMPLOYMENT SERVICES AND THE RESULTING DATA ALONG WITH THE ORGANIZATION'S HISTORICAL PRACTICES ARE USED TO DEVELOP THE SALARY RANGES, WHICH ARE ULTIMATELY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, AND DOCUMENTED ACCORDINGLY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, 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:	UNREALIZED GAIN ON TRANSFER OF FIXED ASSETS 7,988,871.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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 UNIVERSITY PONOMA 3801 W TEMPLE EVE PONOMA, CA 91768 95-4255659	HIGHER EDUCATION	CA	115		N/A		No
(2) CAL POLY POMONA PHILANTHROPIC FOUNDATION 3801 W TEMPLE EVE PONOMA, CA 91768 83-2300241	FUNDRAISING AND GIFT MANAGEMENT FOR CAL POLY POMONA UNIVERSITY	CA	501(C)(3)	LINE 5			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

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) CALIFORNIA STATE POLYTECHNIC UNIVERSITY PONOMA	B	4,524,402	BOOK VALUE
(2) CALIFORNIA STATE POLYTECHNIC UNIVERSITY PONOMA	P	10,742,190	BOOK VALUE
(3) CALIFORNIA STATE POLYTECHNIC UNIVERSITY PONOMA	Q	14,666,021	BOOK VALUE

Part VII **Supplemental Information**

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

Return Reference	Explanation