

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - 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 country, and ZIP + 4
POMONA CA 91768-4038

D Employer identification number
95-2417645

E Telephone number
909-869-2948

G Gross receipts \$ **76,123,711**

F Name and address of principal officer:
G. PAUL STOREY
3801 WEST TEMPLE AVE. BLDG # 55
POMONA CA 91768-4038

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

H(b) Are all affiliates included? Yes No

If "No," attach a list. (See instructions)

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

J Website: ▶ **foundation.csupomona.edu**

H(c) Group exemption number ▶

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1966** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	1880
	6 Total number of volunteers (estimate if necessary)	6	3000
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,356,405
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-133,361
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,969,571	17,177,674
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,962,147	15,904,126
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,528,197	701,282
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,838,299	46,475,669
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,119,107	4,317,702
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,304,805	21,014,107
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 710,284		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	23,776,131	21,981,061
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	49,200,043	47,312,870	
19 Revenue less expenses. Subtract line 18 from line 12	-1,361,744	-837,201	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	101,913,334	101,670,451
	22 Net assets or fund balances. Subtract line 21 from line 20	53,434,382	54,028,700
		48,478,952	47,641,751

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 ▶ *G Paul Storey* 2/14/11
Signature of officer Date
G. PAUL STOREY **EXECUTIVE DIRECTOR**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *David F. Prenovost* Date: **02/14/11** Check if self-employed: Preparer's identifying number (see instructions): **P00434118**

Firm's name (or yours if self-employed), address, and ZIP + 4: **David F. Prenovost CPA**
3801 W. Temple Ave., Bldg # 55
Pomona, CA 91768-4038

EIN ▶ **909-869-2948**
Phone no. ▶ **909-869-2948**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

See Schedule O

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **12,812,306** including grants of \$ **895,254**) (Revenue \$)
RESEARCH ACTIVITIES - POST AWARD ADMINISTRATION FOR EXTERNALLY FUNDED GRANTS AND CONTRACTS.

4b (Code:) (Expenses \$ **6,362,936** including grants of \$ **1,184,546**) (Revenue \$ **4,851,409**)
INSTRUCTIONALLY RELATED PROGRAMS AND ACTIVITIES - INCLUDING SCHOLARSHIPS, WORKSHOPS AND CONFERENCES.

4c (Code:) (Expenses \$ **6,386,817** including grants of \$ **100,355**) (Revenue \$ **7,858,016**)
DINING SERVICES - PROVIDE DINING VENUES FOR THE CONVENIENCE OF STUDENTS, FACULTY AND STAFF

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **15,107,663** including grants of \$ **2,137,547**) (Revenue \$ **15,986,376**)

4e Total program service expenses ▶ **40,669,722**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • 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. • 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. • Did the organization report an amount for other assets related 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. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • 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? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 483		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 1880		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **DAVID F. PRENOVOST CPA** **3801 W. TEMPLE AVE**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
J. MICHAEL ORTIZ CHAIRMAN	0.50	X					0	295,782	57,985	
EDWIN BARNES III EX-OFFICIO	0.50	X					0	209,993	47,116	
MARTIN DENBOER EX-OFFICIO	0.50	X					0	209,982	41,598	
SCOTT WARRINGTON EX-OFFICIO	0.50	X					0	177,169	43,555	
DOUGLAS FREER EX-OFFICIO	0.50	X					0	175,468	33,149	
EDWARD HOHMANN DEAN MEMEBR	0.50	X					0	173,444	39,302	
STEPHANIE DODA EX-OFFICIO	0.50	X					0	152,834	35,942	
DONALD CODUTO FACULTY MEMBER	0.50	X					0	133,468	32,401	
MARTIN SANCHO-MADRIZ EX-OFFICIO	0.50	X					0	116,823	23,163	
EDWARD MERITT FACULTY MEMBER	0.50	X					0	104,841	29,680	
BECKY PEPPING STAFF COUNCI	0.50	X					0	53,290	15,279	
SHARON ROTH EX-OFFICIO	0.50	X					0	46,323	19,808	
CASSANDRA REYES STAFF COUNCI	0.50	X					0	37,359	18,271	
MERCY DARAMOLA STUDENT DIR	0.50	X					0	0	0	
LOWELL OVERTON COMUNITY DIR	0.50	X					0	0	0	
MEI LEIN CHANG MEMBER@LARGE	0.50	X					0	0	0	
OLIVER SANTOS COMUNITY DIR	0.50	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
RICHARD LIU EX-OFFICIO	0.50	X					0	0	0	
CHRIS CHEN STUDENT DIR	0.50	X					0	0	0	
WILLIAM PRIEST COMMUNITY DIR	0.50	X					0	0	0	
G. PAUL STOREY EXEC DIR	40.00				X		181,655	0	47,755	
BALZER ROBERT EXE DI, CCAMP	40.00					X	176,221	0	26,951	
DAVID PRENOVOST CHIEF FIN OF	40.00					X	137,889	0	35,539	
SANDRA VAUGHAN-ACTON DIR RE	40.00					X	116,160	0	39,286	
DENNIS MILLER HR DIR	40.00					X	107,776	0	11,761	
KAREN WARD DIR BOOK ST	40.00					X	107,263	0	21,424	
1b Total							826,964	1,886,776	619,965	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 16**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
TBC CONTRACTOR CORP. ANAHEIM CA 92807	1241 N. LAKEVIEW CONSTRUCTION	811,648
STEINY & COMPANY INC. BALDWIN PARK CA 91706	12907 E GARVEY AVE CONSTRUCTION	335,537
TRAMMEL CROW SO. CAL. DEVELOPMENT IRVINE CA 92614	4 PARK PLAZA, #700 CONSTRUCTION	303,964
BELAIRE-WEST LANDSCAPE INC. BUENA PARK CA 90622	P.O. BOX 6270 LANDSCAPING	275,000
AC MARTIN PARTNERS LOS ANGELES CA 90071	444 S. FLOWER ST., #1200 CONSTRUCTION	206,304

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513 or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	233,916				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11,189,839				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,753,919				
	g Noncash contributions included in lines 1a-1f	\$	221,542				
	h Total. Add lines 1a-1f		17,177,674				
Program Service Revenue	2a STUDENT HOUSING	Busn. Code	7,559,569	7,559,569			
	b UNIVERSITY PROGRAM SUPPORT		4,714,371	4,714,371			
	c CONTINUING EDUCATION		2,329,502	2,329,502			
	d UBIT - CONFER CENTER & LODGE	721000	699,177		699,177		
	e CONFERENCE CENTER & LODGE		596,466	596,466			
	f All other program service revenue		5,041		5,041		
	g Total. Add lines 2a-2f		15,904,126				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		518,050			518,050
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross Rents		(i) Real	1,761,438				
		(ii) Personal					
		b Less: rental exps.	1,677,533				
c Rental inc. or (loss)		83,905					
d Net rental income or (loss)			83,905	83,905			
7a Gross amount from sales of assets other than inventory		(i) Securities	13,219,013				
		(ii) Other	545,400				
		b Less: cost or other basis & sales exps.	12,971,191	609,990			
c Gain or (loss)		247,822	-64,590				
d Net gain or (loss)			183,232	-64,590		247,822	
8a Gross income from fundraising events (not including \$ 233,916 of contributions reported on line 1c). See Part IV, line 18		a	131,997				
		b Less: direct expenses	263,242				
	c Net income or (loss) from fundraising events		-131,245	-131,245			
9a Gross income from gaming activities. See Part IV, line 19	a	38,343					
	b Less: direct expenses	10,883					
	c Net income or (loss) from gaming activities		27,460	27,460			
10a Gross sales of inventory, less returns and allowances	a	26,774,881					
	b Less: cost of goods sold	14,115,203					
	c Net income or (loss) from sales of inventory		12,659,678	12,007,491	652,187		
Miscellaneous Revenue		Busn. Code					
11a ADMIN FEES AND OTHER INCOME			781,391	781,391			
b UNREALIZED INVEST GAIN/LOSS			-728,602	-728,602			
c							
d All other revenue							
e Total. Add lines 11a-11d			52,789				
12 Total Revenue. See instructions.			46,475,669	27,175,718	1,356,405	765,872	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	2,137,547	2,137,547		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	2,180,155	2,180,155		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	229,410		229,410	
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	15,373,501	13,395,032	1,966,424	12,045
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,533,955	1,317,911	216,044	
9 Other employee benefits	2,898,522	1,469,928	1,428,265	329
10 Payroll taxes	978,719	840,226	137,737	756
11 Fees for services (non-employees):				
a Management				
b Legal	58,604	-21,322	19,626	60,300
c Accounting	104,091	9,777	94,314	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	28,919	5,647	23,272	
g Other	4,051,813	3,799,815	121,092	130,906
12 Advertising and promotion	188,833	101,668	32,298	54,867
13 Office expenses	3,984,070	3,621,651	177,761	184,658
14 Information technology	242,119	97,730	123,850	20,539
15 Royalties	215,261	215,261		
16 Occupancy	921,925	876,446	44,383	1,096
17 Travel	723,109	677,159	3,890	42,060
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,423	69,067	2,327	8,029
20 Interest	1,311,633	1,310,232	1,401	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,057,898	2,908,369	149,529	
23 Insurance	269,767	214,808	73,607	-18,648
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Miscellaneous	1,854,221	1,610,393	206,142	37,686
b Utilities	1,130,403	1,096,433	33,970	
c Repairs and Maintenance	778,845	669,652	107,583	1,610
d Meals & Entertainment	777,089	629,345	9,087	138,657
e Equipment Purchase	606,468	585,952	15,317	5,199
f All other expenses	1,596,570	850,840	715,535	30,195
25 Total functional expenses. Add lines 1 through 24f	47,312,870	40,669,722	5,932,864	710,284
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-Interest bearing	109,083	1	628,630
	2	Savings and temporary cash investments	7,859,092	2	9,847,610
	3	Pledges and grants receivable, net	2,516,933	3	2,738,865
	4	Accounts receivable, net	5,213,697	4	5,637,506
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,230,265	8	2,045,663
	9	Prepaid expenses and deferred charges	191,314	9	294,348
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 91,360,901		
	b	Less: accumulated depreciation	10b 32,822,798	10c	58,538,103
	11	Investments—publicly traded securities	22,362,697	11	20,004,563
	12	Investments—other securities. See Part IV, line 11	973,019	12	233,286
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	271,000	15	1,701,877
16	Total assets. Add lines 1 through 15 (must equal line 34)	101,913,334	16	101,670,451	
Liabilities	17	Accounts payable and accrued expenses	16,651,673	17	18,010,864
	18	Grants payable	2,143,897	18	2,457,147
	19	Deferred revenue	781,538	19	953,340
	20	Tax-exempt bond liabilities	1,275,000	20	365,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	32,582,274	25	32,242,349	
26	Total liabilities. Add lines 17 through 25	53,434,382	26	54,028,700	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	26,336,518	27	25,231,010
	28	Temporarily restricted net assets	22,142,434	28	22,410,741
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	48,478,952	33	47,641,751	
34	Total liabilities and net assets/fund balances	101,913,334	34	101,670,451	

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA	95-4255659	5	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		2,961,329
Total									2,961,329

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. 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 <input type="checkbox"/>		
b 33 1/3 % support test—2008. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** 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—2008.** 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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

CAL POLY POMONA FOUNDATION, INC

Employer identification number

95-2417645

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions about donor advisement.

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

Table with 3 columns: Question number, description, and Held at the End of the Tax Year. Rows include purpose(s) of easements, total number, acreage, and various monitoring and reporting questions.

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

Table with 3 columns: Question number, description, and amount. Rows include questions about reporting art and historical treasures, and amounts for revenues and assets.

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 XIV.
- 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" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of Investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,540,699		6,540,699
b Buildings		70,706,200	22,819,676	47,886,524
c Leasehold improvements		131,863	127,462	4,401
d Equipment		12,088,793	9,312,824	2,775,969
e Other		1,893,346	562,836	1,330,510
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				58,538,103

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	46,475,669
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	47,312,870
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-837,201
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-837,201

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	62,245,129
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	15,792,732
e	Add lines 2a through 2d	2e	15,792,732
3	Subtract line 2e from line 1	3	46,452,397
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	23,272
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	23,272
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	46,475,669

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	63,082,330
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 XIV.)	2d	15,792,732
e	Add lines 2a through 2d	2e	15,792,732
3	Subtract line 2e from line 1	3	47,289,598
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	23,272
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	23,272
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	47,312,870

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - Liability Under FIN 48 Footnote

The Foundation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and state franchise taxes under Section 23701(d) of the California Revenue and Taxation Code. Accordingly, no income tax provision has been recorded. The Foundation has evaluated its tax positions and the certainty as to whether those positions will be sustained in the event of an audit by taxing authorities at the federal and

Part XIV Supplemental Information (continued)

state levels. The primary tax positions evaluated are related to the Foundation's continued qualification as a tax-exempt organization and whether there is unrelated business income activities conducted that would be taxable. Management has determined that all income tax positions are more likely than not (>50%) of being sustained upon potential audit or examination; therefore, no disclosures of uncertain income tax positions are required. The Foundation files informational returns in the U.S. federal jurisdiction, and the state of California. With few exceptions, the Foundation is no longer subject to U.S. federal, state, and local examinations by tax authorities for years before 2005.

Part XI, Line 8 - Reconciliation of Changes - Other

Table with 2 columns: Description and Amount. Rows include Cost of sales of inventory (\$ 14,115,201), Rental expenses (\$ 1,677,531), Cost of sales of inventory (\$ -14,115,201), and Rental expenses (\$ -1,677,531).

Part XII, Line 2d - Revenue Amounts Included in Financials - Other

Table with 2 columns: Description and Amount. Rows include Cost of sales of inventory (\$ 14,115,201) and Rental expenses (\$ 1,677,531).

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Table with 2 columns: Description and Amount. Rows include Cost of sales of inventory (\$ 14,115,201) and Rental expenses (\$ 1,677,531).

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>HARVEST AUCTION</u> (event type)	<u>WINE TASTING AU</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	189,580	112,551	63,782	365,913
	2	Less: Charitable contributions	122,030	72,386	39,500	233,916
	3	Gross revenue (line 1 minus line 2)	67,550	40,165	24,282	131,997
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	75,378	134,298	53,566	263,242
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					-131,245

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue			38,343
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			10,883	10,883
6	Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00% <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)					10,883
8	Net gaming income summary. Combine line 1, column d, and line 7					27,460

9	Enter the state(s) in which the organization operates gaming activities: CA	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	<input checked="" type="checkbox"/>	
b	If "No," Explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		<input checked="" type="checkbox"/>
b	If "Yes," Explain:		
11	Does the organization operate gaming activities with nonmembers?	<input checked="" type="checkbox"/>	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		<input checked="" type="checkbox"/>

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %

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

Name ▶ **DAVID F. PRENOVOST CPA**
3801 W. TEMPLE AVE **BUILDING # 55**
 Address ▶ **POMONA** **CA 91768**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a **X**

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

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

Name ▶
 Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a **X**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

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. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: CAL POLY POMONA UNIVERSITY, 3801 W. TEMPLE AVE., POMONA, CA 91768, EIN 95-4255659, 2,137,547 BOOK, EQUIPMENT, SUPPORT UNIVERSITY.

2 Enter total number of section 501(c)(3) and government organizations. 3 Enter total number of other organizations.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

CAL POLY POMONA FOUNDATION, INC

Employer identification number

95-2417645

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%;"> <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 indemnification 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 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 indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (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 indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes on line 1a is 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										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2										
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input 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 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 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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a		X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		X								
<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>	4c		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>											
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a		X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b		X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a		X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b		X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Other deferred compensation			
J. MICHAEL ORTIZ	(f) 0	(ii) 0	(iii) 0	0	0	0	0	0
EDWIN BARNES III	(f) 282,198	(ii) 0	(iii) 13,584	47,147	0	10,838	353,767	366,431
MARTIN DENBOER	(f) 209,735	(ii) 0	(iii) 258	35,040	0	12,076	257,109	264,973
SCOTT WARRINGTON	(f) 209,724	(ii) 0	(iii) 258	35,039	0	6,559	251,580	0
DOUGLAS FREER	(f) 177,031	(ii) 0	(iii) 138	29,577	0	13,978	220,724	229,506
EDWARD HOHMANN	(f) 175,408	(ii) 0	(iii) 60	29,305	0	3,844	208,617	215,404
STEPHANIE DODA	(f) 172,682	(ii) 0	(iii) 762	28,850	0	10,452	212,746	220,672
DONALD CODUTO	(f) 152,438	(ii) 0	(iii) 396	25,490	0	10,452	188,776	0
G. PAUL STOREY	(f) 133,468	(ii) 0	(iii) 0	18,537	0	13,864	165,869	0
BALZER ROBERT	(f) 181,655	(ii) 0	(iii) 0	33,416	0	14,339	229,410	217,938
DAVID PRENOVOST	(f) 176,221	(ii) 0	(iii) 0	17,429	0	9,522	203,172	184,178
SANDRA VAUGHAN-ACTON	(f) 137,889	(ii) 0	(iii) 0	32,457	0	3,082	173,428	171,652
	(f) 116,160	(ii) 0	(iii) 0	25,963	0	13,323	155,446	0
	(f) 0	(ii) 0	(iii) 0	0	0	0	0	0
	(f) 0	(ii) 0	(iii) 0	0	0	0	0	0
	(f) 0	(ii) 0	(iii) 0	0	0	0	0	0
	(f) 0	(ii) 0	(iii) 0	0	0	0	0	0
	(f) 0	(ii) 0	(iii) 0	0	0	0	0	0
	(f) 0	(ii) 0	(iii) 0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CAL POLY POMONA FOUNDATION, INC

Employer identification number

95-2417645

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	1	124,700	APPRAISED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	54,592	MARKET PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (WINE AUCTION)	X	50		DONOR PRICED OR ONLINE
26 Other ▶ (HARVEST AUCTION)	X	10		DONOR PRICED OR MARKET
27 Other ▶ (ALUM GOLF TOUR)	X	16		DONOR PRICED OR MARKET
28 Other ▶ (ATHLETICS GOLF)	X	66		DONOR PRICED OR MARKET

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

29 **4**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X	
----	----------	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	X	
-----	----------	--

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Part I, Line 32b - Third Party Used to Process Noncash Contributions

Securities broker, auction co., real estate agent

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection**CAL POLY POMONA FOUNDATION, INC**

Employer identification number

95-2417645**Form 990 - Organization's Mission or Most Significant Activities**

THE CAL POLY POMONA FOUNDATION IS AN INTEGRAL PART OF THE OVERALL EDUCATIONAL MISSION OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA AS REQUIRED UNDER TITLE 5, SECTION 42401 OF THE CALIFORNIA CODE OF REGULATIONS. THE FOUNDATION PROVIDES THE FOLLOWING SERVICE FUNCTIONS: EXTERNALLY FUNDED RESEARCH, BOOKSTORE, DINING AND HOUSING SERVICES, INSTRUCTIONALLY RELATED ACTIVITIES, SCHOLARSHIPS, GIFTS, BEQUESTS, TRUSTS AND SIMILAR FUNDS, PUBLIC RELATIONS, FUNDRAISING, AND REAL ESTATE ACQUISITION AND DEVELOPMENT. THE FOUNDATION PERFORMS THESE FUNCTIONS UNDER THE SUPERVISION OF THE UNIVERSITY AS REQUIRED UNDER TITLE 5, SECTION 42402.

Form 990, Part III, Line 4d - All Other Achievements

STUDENT HOUSING - PROVIDE STUDENT HOUSING FOR THE CONVENIENCE OF STUDENTS AND RESIDENT LIFE ACTIVITIES

A. PROVIDE CONFERENCE CENTER AND LODGE FOR EDUCATIONALLY RELATED ACTIVITIES

B. PROVIDE BOOKS, SUPPLIES, ETC. THROUGH THE BOOKSTORE

C. PROVIDE NON-CREDIT EDUCATIONALLY RELATED COURSES

D. PROVIDE AGRICULTURAL-AID-TO-INSTRUCTION COURSES

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

At least two weeks prior to filing of the annual form 990, the Chief Financial Officer shall distribute the final draft of the form to each member of the Foundations' Board of Directors for their review and comment. Comments or changes suggested by such Board member shall be forwarded to

Name of the organization

CAL POLY POMONA FOUNDATION, INC

Employer identification number

95-2417645

the Foundation's Chief Financial Officer, who shall revise the form if necessary and thereafter submit it to the Internal Revenue Service for filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Per the Foundation's Conflict of Interest - Board of Directors Policy # 221 each year Board members are required to review the applicable portion of the California Education and attest that they do not have any conflicting financial interests.

If at any time, a Board member determines that a conflict of interest exists, he/she will disclose the circumstances to the Executive Director of the Cal Poly Pomona Foundation, Inc., immediately.

If any member of the Board of Directors is found to be in violation of this Policy or the Financial Interest section of the California Education Code, that member will be given a reasonable period of time to resolve the conflict. In the event that the conflict can not be resolved in a manner compliant with the California Education Code, the Director must resign from the Board.

Per the Foundation's Conflict of Interest - Employees Policy # 222 all management and other employees (including employees of California State Polytechnic University, Pomona, independent contractors, subcontractors, consultants, etc.) that have been designated as in positions of decision making authority related to Foundation business activities, are required to annually review the applicable portion of the California Education Code and attest that they do not have any conflicting financial interests.

Name of the organization

CAL POLY POMONA FOUNDATION, INC

Employer identification number

95-2417645

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The compensation (including benefits) of the organization's Executive Director and Chief Financial Officer is subject to the Foundation's Executive Compensation Policy # 126.

The Board of Directors shall review the compensation of the Executive Director and Chief Financial Officer as follows:

1. The Board shall consider the compensation of comparable employment positions paid by comparable organizations. The Board shall also take into account any other relevant information and factors in determining the reasonableness of executive compensation. The minutes shall reflect the consideration of the Board as to the issue of executive compensation.
2. Only those members of the Board who are free of conflicts of interest may be involved in evaluation of executive compensation.
3. The Board shall undertake this review process upon the hiring of a new employee for executive director and chief financial officer, and upon the modification of the compensation for such position, but in no case less than annually.

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 positions from as many as 50 other CSU auxiliaries, and also includes a review of the published CSU Salary Letters

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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" to 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
California State Polytechnic Univer 3801 W. Temple Ave., Pomona CA 91768 95-4255659	State Univ	CA	115	2	N/A
Cal Poly Univ Educational Trust 3801 W. Temple Ave., Pomona CA 91768 95-6974238	Endowments	CA	501C3	11c	N/A
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

Part II Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 alloc.?		(i) General or managing partner?
							Yes	No	
.....									
.....									
.....									
.....									
.....									
.....									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
.....							
.....							
.....							
.....							
.....							

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	Cal Poly University Educat,. Trust	q	-289,065
(2)	Cal Poly University Educat,. Trust	c	169,372
(3)	Cal Poly University Educat,. Trust	q	-130,677
(4)	Calif. State Polytechnic University	i	746,610
(5)	Calif. State Polytechnic University	o	-8,909,270
(6)	Calif. State Polytechnic University	p	8,563,108

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

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

Table with columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Are all partners section 501(c)(3) organizations?; (e) Share of end-of-year assets; (f) Disproportionate allocations?; (g) Code V-UBI amount; (h) General or managing partner?.

Schedule R-1 (Form 990) 2009 **CAL POLY POMONA FOUNDATION, INC 95-2417645**
Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7)	Cal Poly University Educat,. Trust	r	70,288
(8)	Calif. State Polytechnic University	q	-2,137,547
(9)	Cal Poly University Educat,. Trust	k	43,709
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

