STATE OF CALIFORNIA RRF-1					DEPARTME		JUSTICE	
(Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street	. 09/2017) L TO: stry of Charitable Trusts Box 903447 amento, CA 94203-4470 EET ADDRESS: J Street					FAC		
Sacramento, CA 95814 Failure to submit this report annually no later than four months a organization's accounting period may result in the loss of tax es minimum tax of \$800, plus interest, and/or fines or filing penalties 23703; Government Code section 12586.1. IRS external tax of section 12586.1				the assessment of a Taxation Code section				
CAL POLY POMONA	FOUNDAT	TION, INC.		ange of address ended report				
Name of Organization								
List all DBAs and names the organization uses or has used 3801 WEST TEMPLE AVE BLDG #55				State Charity Registration Number ct 008241				
Address (Number and Street) POMONA, CA 917		rporation or Organization No. 0505207						
City or Town, State, and ZIP Code 909-869-3154				Federal Employer ID No. 95-2417645				
Telephone Number E-mail Address								
ANNUAL RE	GISTRATION F	RENEWAL FEE SCHEDULE (11 Cal Make Check Payable to Depart			, 311, and 312)			
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000					001 and \$10 million \$150 0,001 and \$50 million \$225			
PART A - ACTIVITIES			1.0	ling 06/30/2	000			
	53,807,2	period (beginning $07/01/20$ 312 Noncash Contributions		0 Total Asse	,	9,4	96	
PART B - STATEMENTS REG	ARDING ORG	ANIZATION DURING THE PERIOD	OF THIS RE	EPORT				
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.							No	
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?						Yes	x	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?						x		
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?							x	
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?							x	
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 19						x		
6. During this reporting period, did the organization hold a raffle for charitable purposes?							x	
7. Does the organization conduct a vehicle donation program?							x	
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?						x		
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?							x	
		e examined this report, including a complete, and I am authorized to s		ing documents, and	to the best of my kno	wled	ge	
		NNE MATHEW	S	DIR OF FINA SERVICES				
Signature of Authorized Agent	Print	ed Name	Ti	itle	Date			