

TAXABLE YEAR **2017** **California Exempt Organization Business Income Tax Return** FORM **109**

Calendar Year 2017 or fiscal year beginning (mm/dd/yyyy) **07/01/2017**, and ending (mm/dd/yyyy) **06/30/2018**

Corporation/Organization name CAL POLY POMONA FOUNDATION INC		California corporation number 0505207
Additional information. See instructions.		FEIN 95-2417645
Street address (suite/room no.) 3801 WEST TEMPLE AVENUE BLDG # 55		PMB no.
City (If the corporation has a foreign address, see instructions.) POMONA		State ZIP code CA 91768-4038
Foreign country name	Foreign province/state/county	Foreign postal code

A First Return Filed? Yes No

B Is this an education IRA within the meaning of R&TC Section 23712? Yes No

C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

D Final Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized.
 Enter date (mm/dd/yyyy) _____

E Amended Return Yes No

F Accounting Method Used: (1) Cash (2) Accrual (3) Other

G Nature of trade or business **RETAIL/DINING**

H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? Yes No

I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? Yes No

J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? Yes No

K Unrelated Business Activity (UBA) Code **722320**

L Is this a Hospital? Yes No
 If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1 Unrelated business taxable income from Side 2, Part II, line 30	1	00
	2 Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	2	00
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	3	00
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30	4	00
	5 Unrelated business taxable income from line 3 or line 4	5	00
Tax Computation	6 EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6	00
	7 Net Operating Loss deduction. See General Information N	7	1,193,843 00
	8 Add line 6 and line 7	8	1,193,843 00
	9 Net unrelated business taxable income. Subtract line 8 from line 5	9	-1,193,843 00
	10 Tax 8.84 % x line 9. See General Information J	10	00
	11 Tax credits from Schedule B. See instructions	11	00
Total Tax	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12	0 00
	13 Alternative minimum tax. See General Information O	13	00
	14 Total tax. Add line 12 and line 13	14	00
Payments	15 Overpayment from a prior year allowed as a credit	15	00
	16 2017 estimated tax payments. See instructions	16	00
	17 Withholding (Form 592-B and/or 593.) See instructions	17	17 00
	18 Amount paid with extension (form FTB 3539)	18	00
	19 Total payments and credits. Add line 15 through line 18	19	17 00
Use Tax/ Tax Due/ Overpayment	20 Use tax. See instructions	20	00
	21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	17 00
	22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22	00
	23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23	00
	24 Overpayment. Subtract line 14 from line 21. See instructions	24	17 00
	25 Enter amount of line 24 to be applied to 2018 estimated tax	25	00

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Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	17	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a		
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c		
	27 Penalties and interest. See General Information M	27		00
	28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29			00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a Gross receipts or gross sales	2,362,365	b Less returns and allowances		c Balance	1c	2,362,365	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					2	712,624	00
3 Gross profit. Subtract line 2 from line 1c					3	1,649,741	00
4 a Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)					4a		00
b Net gain (loss) from Part II, Schedule D-1					4b		00
c Capital loss deduction for trusts					4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule					5		00
6 Rental income (Schedule C)					6	0	00
7 Unrelated debt-financed income (Schedule D)					7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)					8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)					9		00
10 Exploited exempt activity income (Schedule G)					10		00
11 Advertising income (Schedule H, Part III, Column A)					11		00
12 Other income. Attach schedule				SEE STATEMENT 1	12	3,076,472	00
13 Total unrelated trade or business income. Add line 3 through line 12					13	4,726,213	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I		14		00
15 Salaries and wages		15	1,285,136	00
16 Repairs		16	1,636,448	00
17 Bad debts		17		00
18 Interest. Attach schedule		18		00
19 Taxes. Attach schedule		19		00
20 Contributions. See instructions and attach schedule		20		00
21 a Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21a	80,142	00	
b Less: depreciation claimed on Schedule A. See instructions	21b		00	80,142 00
22 Depletion. Attach schedule		22		00
23 a Contributions to deferred compensation plans		23a		00
b Employee benefit programs. See instructions		23b	196,910	00
24 Other deductions. Attach schedule		24	1,666,423	00
25 Total deductions. Add line 14 through line 24		25	4,865,059	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	-138,846	00
27 Excess advertising costs (Schedule H, Part III, Column B)		27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26		28	-138,846	00
29 Specific deduction. See instructions		29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.		30	-138,846	00

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer		Title	CHIEF FIN OFFICER	Date	3/7/19	Telephone	909-869-2948
Preparer's signature	DAVID F. PRENOVOST CPA	Date	03/07/19	Check if self-employed	<input type="checkbox"/>	PTIN	P00434118
Firm's name (or yours, if self-employed) and address	DAVID F. PRENOVOST CPA 3801 W. TEMPLE AVE., BLDG #55 POMONA, CA 91768				FEIN		Telephone 909-869-2948
May the FTB discuss this return with the preparer shown above? See instructions						<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) COST METHOD

1 Inventory at beginning of year	1	38,891	00
2 Purchases	2	723,264	00
3 Cost of labor	3		00
4 a Additional IRC Section 263A costs. Attach schedule	4a		00
b Other costs. Attach schedule	4b		00
5 Total. Add line 1 through line 4b	5	762,155	00
6 Inventory at end of year	6	49,531	00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	712,624	00
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Schedule B Tax Credits.

1 Enter credit name	code	1	00
2 Enter credit name	code	2	00
3 Enter credit name	code	3	00
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11	4		00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
b Method for non-dealer installment obligations	2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4 Credit recapture. Credit name	4	00
5 Total. Combine the amounts on line 1 through line 4. See instructions	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions	0	0	
2 Payroll factor: Wages and other compensation of employees	0	0	
3 Sales factor: Gross sales and/or receipts less returns and allowances	0	0	
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, & Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
N/A		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(c) Net income includible, column 5(a) less column 5(b)
	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (attach schedule)
Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6		
0		

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Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
N/A					
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
N/A					
Total. Enter here and on Side 2, Part I, line 8					

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

		Exempt Controlled Organizations			
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1 N/A					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
N/A							
Total. Enter here and on Side 2, Part I, line 10							

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Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-
N/A						
Totals						

Part II Income from Periodicals Reported on a Separate Basis

N/A						

Part III Column A – Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals

(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7

N/A

Part III Column B – Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals

(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4

N/A

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
N/A			%		
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						0
2 Other depreciation:						
Buildings	SEE STATEMENT 3					80,142
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						80,142
5 Amount of depreciation claimed elsewhere on return						0
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						80,142

TAXABLE YEAR

**Political or Legislative Activities by
Section 23701d Organizations**

CALIFORNIA FORM

2017

3509

For calendar year 2017 or fiscal year beginning (mm/dd/yyyy) 07/01/2017, and ending (mm/dd/yyyy) 06/30/2018.

Attach to Form 199. FTB 199N filers see instructions.

Corporation/Organization name CAL POLY POMONA FOUNDATION INC			California corporation number
Street address (suite, room, or PMB no.) 3801 WEST TEMPLE AVENUE BLDG # 55			FEIN 95-2417645
City POMONA	State CA	ZIP code 91768-4038	

Part I – Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? Yes No
If "Yes," describe the activities. Provide a summary of any published material relating to the activities.

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? Yes No
If "Yes," describe the activities. Include the name of the individual or organization the organization contributed to, the amount paid, and date of contribution.

Part II – Legislative Activities

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure and not filed a federal Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation? Yes No
If "Yes," See instructions.

4a Has the organization, during the 2017 taxable year, filed a federal Form 5768? Yes No
If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service and skip question 4b. This fulfills the organization's need to file an election for state purposes.
If "No," go to question 4b and see instructions.

4b Has the organization filed a federal Form 5768 in a prior year that has not been revoked? Yes No
Note: The organization **cannot** make this election if it is a church, an integrated auxiliary of a church, a private foundation, or an affiliated organization.

Furnish the following financial information for the taxable year:

5 Exempt Purpose Expenditures The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose.	5	62,219,263	00
6 Lobbying Expenditures The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation.	6		00
7 Grass Roots Expenditures The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it.	7		00

2017

**Net Operating Loss (NOL) Computation and
NOL and Disaster Loss Limitations — Corporations**

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name CAL POLY POMONA FOUNDATION, INC.	California corporation number 0 5 0 5 2 0 7
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During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> C corporation <input type="radio"/> S corporation <input checked="" type="radio"/> Exempt organization <input type="radio"/> Limited liability company (electing to be taxed as a corporation)	FEIN 9 5 - 2 4 1 7 6 4 5
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If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number.	1	138,848	00
2 2017 disaster loss included in line 1. Enter as a positive number	2	0	00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	138,848	00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a	0	00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	0	00
c Add line 4a and line 4b	4c	0	00
5 General NOL. Subtract line 4c from line 3	5	138,848	00
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions.	<input checked="" type="radio"/> 6	138,848	00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2015 and/or 2016, complete Part III, NOL carryback, on Side 2 **before** completing Part I, lines 7 - 9 below.

7 2017 NOL carryback used to offset 2015 net income. Enter the amount from Part III, line 3, column (e).	<input checked="" type="radio"/> 7	0	00
8 2017 NOL carryback used to offset 2016 net income. Enter the amount from Part III, line 3, column (g).	<input checked="" type="radio"/> 8	0	00
9 2017 NOL carryover to 2018. Add line 7 and line 8, then subtract the result from line 6. See instructions.	<input checked="" type="radio"/> 9	138,848	00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2017 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions.
Continue with Part II, NOL carryover and disaster loss carryover limitations. **Do not** complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See Instructions.

1 Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	<input checked="" type="radio"/>	(g) Available balance	
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Prior Year NOLs

	(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2016	(f) Amount used in 2017	(g) Available balance	(h) Carryover to 2018 col. (e) minus col. (f)
2	<input checked="" type="radio"/> VAR		GEN		<input checked="" type="radio"/> 1,054,995	0		<input checked="" type="radio"/> 1,054,995
	<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
	<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>
	<input checked="" type="radio"/>				<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

	(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	(e) Carryover from 2016	(f) Amount used in 2017	(g) Available balance	(h) Carryover to 2018 col. (d) minus col. (f) See instructions.
3	2017		DIS					
4	2017		GEN	138,848				138,848
	2017							
	2017							
	2017							

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback

- 1** 2015 Net income – Enter the amount from 2015 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-)
- 2** 2016 Net income – Enter the amount from 2016 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-)

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	2015		2016		(i) Carryover to 2018 col. (d) minus [col. (e) plus col. (g)]
				(e) Carryback used – See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used – See instructions	(h) After carryback col. (f) minus col. (g)	
3 2017								
2017								
2017								
2017								
2017								

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2017 NOL deduction

- | | | | |
|---|---|--|----|
| 1 Total the amounts in Part II, line 2, column (f) | <input checked="" type="radio"/> 1 | | 00 |
| 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- | <input type="radio"/> 2 | | 00 |
| 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7. | <input checked="" type="radio"/> 3 | | 00 |

Cal Poly Pomona Foundation, Inc.
3801 West Temple Ave. Bldg #55
Pomona, CA 91768-4038

California Corporation Number:
Federal Employer Identification Number:

0505207
95-2417645

2017 Form 3805Q
Supporting information for Part II, Line 2

Tax Year Form	Net income/loss	NOL Carryforward	Carryover Period (in years)	Expiration Year
2007	-181,670	-181,670	10	2017
2008	-173,477	-355,147	20	2028
2009	-133,631	-488,778	20	2029
2010	-24,187	-512,965	20	2030
2011	-20,326	-533,291	20	2031
2012	-92,279	-625,570	20	2032
2013	27,195	-598,375	20	2033
2014	122,498	-475,877	20	2034
2015	-343,612	-819,489	20	2035
2016	-235,506	-1,054,995	20	2036
2017	-138,848	-1,193,843	20	2037

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California Statements

FYE: 6/30/2018

Statement 1 - Form 109, Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
UBIT - KELLOGG HOUSE	\$ 37,069
UBIT - CONFRNC CENTR & HOTEL	1,403,124
UBIT - LANTERMAN	997,850
UBIT - COMMONFUND INVESTMENT	1,400
UBIT - PINE TREE RANCH	192,434
UBIT - WESTWIND RANCH	444,595
Total	<u>\$ 3,076,472</u>

Statement 2 - Form 109, Part II, Line 24 - Other Deductions

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 25,738
BANK CARD FEE	50,996
GENERAL AND ADMINSTRATIVE	297,190
INSURANCE	25,159
MEALS AND REFRESHMENTS	2,669
OTHERS	133,301
POSTAGE	2,600
RENT	48,891
SERVICES	365,436
SUPPLIES	304,375
TELEPHONE	37,140
TRAVEL	1,810
UTILITIES	119,686
AGRICULTURAL	251,432
Total	<u>\$ 1,666,423</u>

California Statements

Statement 3 - Form 109, Schedule J - Depreciation Detail Information

Description	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
DEPRECIATION		\$	\$			\$ 80,142	\$
Total		\$ 0	\$ 0			\$ 80,142	\$ 0