

TAXABLE YEAR

**California Exempt Organization
Business Income Tax Return**

FORM

2014

109

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) **07/01/2014**, and ending (mm/dd/yyyy) **06/30/2015**

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 AVE. BLDG # 55** PMB no.

City (If the corporation has a foreign address, see instructions.) **POMONA** State **CA** ZIP code **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 Dissolved Surrendered (Withdrawn) Merged/Reorganized.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 IRS Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	121,498	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	121,498	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	5	121,498	00
	6	Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6		00
	7	Net Operating Loss deduction. See General Information N	7	867,550	00
	8	Add line 6 and line 7	8	867,550	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	-746,052	00
	10	Tax 8.84 % x line 9. See General Information J	10		00
	11 a	New employment credit, amount generated. a)	11b		00
	c	Tax credits from Schedule B. See instructions	11c		00
	d	Total Credits. Add line 11b and 11c	11d		00
	Total Tax	12	Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-	12	0
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	2014 estimated tax payments. See instructions	16		00
	17	2014 withholding (Form 592-B and/or 593.) See instructions	17		00
	18	Amount paid with extension (form FTB 3539)	18		00
	19	Total payments and credits. Add line 15 through line 18	19		00
Refund (Direct Deposit of Refund) or Amount Due	20	Tax due. Subtract line 19 from line 14. Pay entire amount with return. See instructions	20		00
	21	Overpayment. Subtract line 14 from line 19. See instructions	21		00
	22	Enter amount of line 21 to be applied to 2014 estimated tax	22		00
	23	Use tax. See instructions	23		00
	24	Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21	24		00
	a	Fill in the account information to have the refund directly deposited. Routing number	24a		
	b	Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	24c		
	25	Penalties and interest. See General Information M	25		00
26	<input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.				
27	Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result	27		00	

CAL POLY POMONA FOUNDATION, INC
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Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a	Gross receipts or gross sales	2,272,303	b	Less returns and allowances		C Balance		1c	2,272,303	00
2		Cost of goods sold and/or operations (Schedule A, line 7)							2	791,243	00
3		Gross profit. Subtract line 2 from line 1c							3	1,481,060	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	1,251,841	00
13		Total unrelated trade or business income. Add line 3 through line 12							13	2,732,901	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	1,119,343	00
16		Repairs							16	108,175	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)	71,141						21a	71,141	00
	b	Less: depreciation claimed on Schedule A. See instructions							21b		00
22		Depletion. Attach schedule							22		00
23	a	Contributions to deferred compensation plans							23a		00
	b	Employee benefit programs. See instructions							23b	174,988	00
24		Other deductions. Attach schedule	See Statement 2						24	1,136,756	00
25		Total deductions. Add line 14 through line 24							25	2,610,403	00
26		Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13							26	122,498	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	122,498	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	121,498	00

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.

Sign Here	Signature of officer	<i>David F. Prenovost</i>	Title	EXECUTIVE DIRECTOR	Date	12/04/15	Telephone	909-869-2948	
	Preparer's signature	David F. Prenovost CPA	Date	12/04/15	Check if self-employed	<input type="checkbox"/>	PTIN	P00434118	
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	David F. Prenovost CPA 3801 W. Temple Ave., Bldg # 55 Pomona, CA 91768						FEIN	
	May the FTB discuss this return with the preparer shown above? See instructions							Telephone	909-869-2948

Yes 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	60,684	00
2	Purchases	2	791,904	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	852,588	00
6	Inventory at end of year	6	61,345	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	791,243	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. Do not claim the New Employment Credit on Schedule B.

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, except New Employment Credit, on line 4. Enter here and on Side 1, line 11c	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, and 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)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property (attach schedule)
		(c) Net income includible, column 5(a) less column 5(b)
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 or 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 org. gross income	6 Deductions directly connected with income in column (5)
N/A					
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)	
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

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 or 7, and amounts listed in Part II, cols. 4 and 7	(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		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					71,141
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						71,141
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						71,141

TAXABLE YEAR

2014

Political or Legislative Activities by Section 23701d Organizations

CALIFORNIA FORM

3509

For calendar year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014, and ending (mm/dd/yyyy) 06/30/2015.

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

Corporation/Organization name: CAL POLY POMONA FOUNDATION, INC. California corporation number: 0505207. Street address: 3801 WEST TEMPLE AVE. 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? 1 [] Yes [X] No. If "Yes," describe the activities. Provide a summary of any published material relating to the activities. N/A

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? 2 [] Yes [X] 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. N/A

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? 3 [] Yes [X] No. If "Yes," See instructions. N/A

4a Has the organization, during the 2014 taxable year, filed a federal election Form 5768? See instructions 4a [] Yes [X] 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 purpose. If "No", go to question 4b. 4b Has the organization filed a federal election Form 5768 in a prior year that has not been revoked? 4b [X] 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:

Table with 3 rows: 5 Exempt Purpose Expenditures \$00; 6 Lobbying Expenditures \$00; 7 Grass Roots Expenditures \$5,000.00.

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California Statements

FYE: 6/30/2015

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

<u>Description</u>	<u>Amount</u>
UBIT - KELLOGG HOUSE	\$ 25,394
UBIT - CONFER CENTER & HOTEL	1,226,447
Total	<u>\$ 1,251,841</u>

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

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 38,561
BANK CARD FEE	67,146
GENERAL AND ADMINSTRATIVE	210,557
INSURANCE	27,910
MEALS AND REFRESHMENTS	4,133
OTHERS	140,631
POSTAGE	4,867
RENT	50,141
SERVICES	221,635
SUPPLIES	257,163
TELEPHONE	21,614
TRAVEL	1,708
UTILITIES	90,690
Total	<u>\$ 1,136,756</u>

California Statements**Statement 3 - Form 109, Schedule J - Depreciation Detail Information**

<u>Description</u>	<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>
EQUIPMENT		\$ _____	\$ _____			\$ 71,141	\$ _____
Total		\$ _____ 0	\$ _____ 0			\$ 71,141	\$ _____ 0