

TAXABLE YEAR

**California Exempt Organization
Business Income Tax Return**

FORM

2015

109

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) **07/01/2015**, and ending (mm/dd/yyyy) **06/30/2016**

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 **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 Dissolved Surrendered (Withdrawn) Merged/Reorganized.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

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
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	5	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	910,674
	8	Add line 6 and line 7	8	910,674
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	-910,674
	10	Tax 8.84 % x line 9. See General Information J	10	00
	11	a New employment credit, amount generated a) _____ 11 b) Amount claimed _____	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	000
	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	2015 estimated tax payments. See instructions	16	00
	17	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
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	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	00
	25	Enter amount of line 24 to be applied to 2016 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	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	2,339,949	b Less returns and allowances		c Balance	1c	2,339,949	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					2	799,325	00
3 Gross profit. Subtract line 2 from line 1c					3	1,540,624	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	1,995,960	00
13 Total unrelated trade or business income. Add line 3 through line 12					13	3,536,584	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	1,206,000	00
16 Repairs		16	837,043	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	118,913	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	216,852		00
24 Other deductions. Attach schedule	24		1,501,388	00
25 Total deductions. Add line 14 through line 24	25		3,880,196	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26		-343,612	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		-343,612	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		-343,612	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 and search for privacy notice. 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.

Sign Here	Signature of officer		Title	EXEC DIRECTOR	Date	12/16/16	Telephone	909-869-2948	
	Preparer's signature	DAVID F. PRENOVOST CPA	Date	12/16/16	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

May the FTB discuss this return with the preparer shown above? See instructions 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	61,345	00
2	Purchases	2	797,466	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	858,811	00
6	Inventory at end of year	6	59,486	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	799,325	00
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? 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, & 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 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

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 amount listed in Part II, column 4 or 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					118,913
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						118,913
4 Total						118,913
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						118,913

TAXABLE YEAR

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

CALIFORNIA FORM

2015

3509

For calendar year 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015, and ending (mm/dd/yyyy) 06/30/2016.

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? **1** 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? **2** 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? **3** Yes No
If "Yes," See instructions.

4a Has the organization, during the 2015 taxable year, filed a federal election Form 5768? **4a** 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 purpose.
If "No", go to question 4b and see instructions.

4b Has the organization filed a federal election Form 5768 in a prior year that has not been revoked? **4b** 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	\$	67,483,263	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

2015 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"/> <input type="checkbox"/> C corporation <input checked="" type="radio"/> <input type="checkbox"/> S corporation <input checked="" type="radio"/> <input checked="" type="checkbox"/> Exempt organization <input checked="" type="radio"/> <input type="checkbox"/> 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	343,612	00
2 2015 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	343,612	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	343,612	00
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions.	<input checked="" type="radio"/> 6	343,612	00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2013 and/or 2014, complete Part III, NOL carryback, on Side 2 **before** completing Part I, lines 7 - 9 below.

7 2015 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (e).	<input checked="" type="radio"/> 7	0	00
8 2015 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (g).	<input checked="" type="radio"/> 8	0	00
9 2015 NOL carryover to 2016. Add line 7 and line 8, then subtract the result from line 6. See instructions.	<input checked="" type="radio"/> 9	343,612	00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2015 NOL under 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	0
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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 2014	(f) Amount used in 2015	(g) Available balance	(h) Carryover to 2016 col. (e) - col. (f)
2 <input checked="" type="radio"/> VAR		GEN		<input checked="" type="radio"/> 567,062	0		<input checked="" type="radio"/> 567,062
<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 2014	(f) Amount used in 2015	(g) Available balance	(h) Carryover to 2016 col. (d) - col. (f) See instructions.
3 2015		DIS					
4 2015		GEN	343,612				343,612
2015							
2015							
2015							

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

Part III NOL carryback

1	2013 Net income – Enter the amount from 2013 Form 100, line 23; Form 100W, line 23; Form 100S, line 21; or taxable income from Form 109, line 9; (but not less than -0-)	0
2	2014 Net income – Enter the amount from 2014 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-)	0

(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below*	(d) Initial loss – See instructions	2013		2014		(i) Carryover to 2016 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 2015								
2015								
2015								
2015								
2015								

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

Part IV 2015 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	0	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-	0	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	0	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

2015 Form 3805Q
Supporting information for Part II, Line 2

Tax Year Form	Net income/loss	NOL Carryforward	Carryover Period (in years)	Expiration Year
2005	85	85	10	2015
2006	-91,270	-91,185	10	2016
2007	-181,670	-272,855	10	2017
2008	-173,477	-446,332	20	2028
2009	-133,631	-579,963	20	2029
2010	-24,187	-604,150	20	2030
2011	-20,326	-624,476	20	2031
2012	-92,279	-716,755	20	2032
2013	27,195	-689,560	20	2033
2014	122,498	-567,062	20	2034
2015	-343,612	-910,674	20	2035

95-2417645

California Statements

FYE: 6/30/2016

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

<u>Description</u>	<u>Amount</u>
UBIT - KELLOGG HOUSE	\$ 27,173
UBIT - CONFER CENTER & HOTEL	1,308,437
UBIT - LANTERMAN	660,350
Total	<u>\$ 1,995,960</u>

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

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 30,898
BANK CARD FEE	70,049
GENERAL AND ADMINSTRATIVE	252,224
INSURANCE	23,966
MEALS AND REFRESHMENTS	2,726
OTHERS	120,149
POSTAGE	4,203
RENT	48,636
SERVICES	599,699
SUPPLIES	217,233
TELEPHONE	31,409
TRAVEL	8,791
UTILITIES	91,405
Total	<u>\$ 1,501,388</u>

California Statements

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
		\$ 0	\$ 0			\$ 118,913	\$ 0
Total		\$ 0	\$ 0			\$ 118,913	\$ 0