

CAL POLY POMONA FOUNDATION, INC.
FINANCE & INVESTMENT COMMITTEE

Wednesday, February 15, 2023

10:30 am – 12:00 pm

Join Zoom Meeting

<https://cpp.zoom.us/j/87369346229>

Meeting ID: 873 6934 6229

AGENDA

Chair: Ysabel Trinidad

Directors: Daniel Foncello, Dr. Phyllis Nelson, Dr. Martin Sancho-Madriz, Stephanie Pastor, Ruby Suchecki, Carol Lee, Michelle Cardona

Staff: Claudia Burciaga-Ramos, Valerie Castro, Jared Ceja, Joanne Mathew

Guests: Andrew Price, Karen Longhurst, Debi Smith

I. ACKNOWLEDGEMENT OF MEMBERS OF THE PUBLIC

Who may or may not be commenting on a specific item or making a general comment.

II. CONSENSUS ACTION ITEMS

Items in this section are considered to be routine and acted on by the committee in one motion. Each item of the Consent agenda approved by the committee shall be deemed to have been considered in full and adopted as recommended. Any committee member may request that a consent item be removed from the consent agenda to be considered as a separate action item. If no additional information is requested, the approval vote will be taken without discussion. An "A" distinguishes items requiring approval.

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III. GENERAL UPDATES

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IV. ACTION ITEMS

3. 990 Tax Return	Joanne Mathew, CFO Debi Smith, Aldrich	7-93
4. Investment Portfolio Report 2nd Quarter 2022-2023 (time certain 10:50)	Joanne Mathew Andrew Price, Graystone Karin Longhurst, Graystone	94-103
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V. INFORMATION & DISCUSSION ITEMS

6. Budget Assumptions 2023-2024	Joanne Mathew	107-108
7. Financial Highlights 2nd Quarter 2022-2023	Jared Ceja, Joanne Mathew	109-111
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VI. OPEN FORUM

VII. ADJOURNMENT

Ysabel Trinidad

CAL POLY POMONA FOUNDATION, INC.
Finance & Investment Committee Meeting
Wednesday, November 30, 2022
1:30 - 3:00 p.m.

MINUTES

Notice is hereby given that a regular meeting of the Finance/Investment Committee was held by video conference/teleconference on Wednesday, November 30, 2022 at 1:30 p.m. to discuss matters on the posted agenda. The meeting notice in its entirety was posted at <https://foundation.cpp.edu/content/d/Meeting%20Packets/F&I%20Committee%20051922.pdf>

Committee Chair: Ysabel Trinidad
Members: Michelle Cardona, Daniel Foncello, Carol Lee, Dr. Phyllis Nelson, Ruby Suchecki, Stephanie Pastor
Absent: Dr. Martin Sancho-Madriz
Staff: Claudia Burciaga-Ramos, Jared Ceja, Joanne Mathew, Yvette Lane, Thomas Sekayan
Guests: Karin Longhurst and Andrew Price, Graystone

CALL TO ORDER

Chair Ysabel Trinidad called the meeting to order at 1:30 p.m.

CONSENT ACTION ITEMS

Items in this section are considered to be routine and acted on by the committee in one motion. Each item of the Consent agenda approved by the committee shall be deemed to have been considered in full and adopted as recommended. Any committee member may request that a consent item be removed from the consent agenda to be considered as a separate action item. If no additional information is requested, the approval vote will be taken without discussion. An "A" distinguishes items requiring approval.

1. Approval of Meeting Minutes – September 6, 2022

A motion was made by Dr. Phyllis Nelson and seconded by Carol Lee for the minutes to reflect spelling correction as requested; no opposition, the minutes were approved.

GENERAL UPDATES

2. CEO's Report

Jared Ceja provided an overview of the success of the Hot Dog Caper which included almost 12,000 hot dogs served, cross-campus collaboration with 365 volunteers, and additional t-shirts ordered to satisfy demand; Tonya Tard, Executive Chef, received the EDGE Helping Hand award; Marketing received 1 Platinum and 4 Gold awards from MARCOM; Joanne Mathew received the David H. Lord Award for Exemplary Community Service at NACAS; and Jared Ceja was awarded the Robert F. Newton Award for Distinguished Service at NACAS; Foundation is partnering with UHS and Mt. SAC on the Housing Demand Assessment, with focus on housing for students, student families, community college students, faculty, and staff with supporting retail and commercial; Envision Strategies, a consultant retained for a Dining Market Assessment, will help us by testing the market on financial return, evaluate both residential and retail dining, with a committee of students, faculty, staff, UHS, and Foundation team members that will compare current operations, bids, and other CSU deals, with results expected by Spring; Kellogg West has been experiencing challenges in building maintenance and upkeep which has affected overall revenue, resulting in a negative variance of \$137K; Jared provided detail to the recent headlines on the Poly Post with regards to the embezzlement that occurred a few years ago, losses are covered by a combination of insurance and restitution, all EO-1104 requirements followed, many presentations were made, support received for rectifying action many sources; Jared welcomed Thomas Sekayan as the new Associate Executive Director and COO for the Enterprise Foundation.

INFORMATION & DISCUSSION ITEMS

3. Reserve Analysis

Jared Ceja presented a brief description of the unrestricted fund balance: \$6,000,000 Capital Reserve Fund, Residential Board Meal Program reserve \$4,782,372, joint Capital Ventures \$3,599,712, proposed University Village Development \$1,000,000, and post-Employment Retirement Benefit at \$1,719,955 along with other reserves for a total of \$18,532,801.

Ysabel Trinidad thanked Jared for the information, and mentioned this helps the committee understand how we plan for the future.

4. Financial Highlights 1st Quarter 2022-2023

Joanne Mathew summarized the financial highlights for the fiscal quarter ended September 2022; total gross revenue is \$26.1M of which \$13.6M is for Enterprise Activities. After payroll and other expenses, the net surplus for the period, not including Grants and Contracts, and transfers to the university is \$2.3M. Investments continue to have a lot of volatility in the first quarter and we had unrealized losses after interest and dividends of \$1.4M. We are forecasting to end the year at a surplus of \$5.7M, slightly above our budget of \$5.4M. With regard to Enterprise activities, Dining had 24 locations open at the end of the quarter. Revenues have been strong during the period at \$3.8M. With increased staffing costs, we are projecting to end the year at \$1.3M. Kellogg West has been experiencing challenges in building maintenance and upkeep which has affected overall revenue, resulting in a negative variance of \$137K. Bookstore has been tracking very close to budget with Instant Access accounting for over 61% of gross revenue. Real Estate and University Village have had strong performances in the period, with Real Estate surplus at 46% over budget and University Village surplus at 136% above budget. The Foundation has about 1,600 individuals employed of which 1,152 are students. The month of September also saw the organization receiving full forgiveness on the Paycheck Protection Program

loan of almost \$3.8M that resulted in a \$3.0M quarterly surplus for the traditional cost center of Administration. Management continues to focus on cash management and look for opportunities to increase revenue in the organization. We were able to transfer \$4.5M (\$3.0M in September and \$1.5M in October) to Morgan Stanley and put the funds into a separate savings account earning interest of over 3%.

Joanne went through the Statement of Activities, Fund Balance & Net Position analysis, and Cash Flow Forecast in detail, addressing questions along the way.

5. Investment Portfolio Report 1st Quarter (time certain 2:00 PM)

Andrew Price and Karin Longhurst gave a comprehensive quarterly report; The General Investment Portfolio has a current total market value of \$28.4M as of September 30, 2022. The majority portion managed by Graystone Consulting has a current market value of \$28.1M with 18.3% Fixed Income, 46.8% Equities, 23.9% Alternatives, and 11% Cash. All allocations are within current policy ranges. The return over the last quarter was -4.3% (gross) and -17.43% over the last twelve months (9/30/21-9/30/22). Additional information was included in the report provided by Graystone, include a market outlook. The CommonFund Summary Investment and Performance Reports are available for further details.

6. Contract Dispute Outcome

Jared Ceja reviewed the case with Republic Master Chefs ("RMC"), a linen provider, served Kellogg West regularly until the onset of the pandemic in March of 2020. In August 2021, RMC sent Foundation a demand for payment per terms of the "existing contracts". RMC ultimately sold their claim to a Collections Agency that pursued legal action against us for \$353,679, our calculation including linens was \$64,988. We retained the services of counsel as their claim was significantly higher than what we had calculated. Agency's counsel did not respond for months and declined the initial settlement offer. In October 2022, Agency assigned new counsel and dialogue opened up. The counsel recognized the error in RMC's calculations, and after some negotiation, settled on \$52,500 (not including linens).

ACTION ITEMS

7. Mid-Year Capital Budget Requests for 2022/2023

The recent combination of rainy weather and renewed business at Kellogg West has exposed needs that must be addressed, these needs were not known when the full 2021-2022 list of capital requests were completed in February 2022. All three requests have a health and safety component.

- 1) \$350,000 - The recent rains exposed major infrastructure issues with the Hillside and Conference Center roofs. We saw more than 8 active leaks that traveled inside walls all the way to the basement floor in some cases. Leaks can cause damage throughout the facility and limit revenue opportunities.
- 2) \$150,000 – The carpet was last replaced more than 20 years ago, and has begun separating at every seam, posing a trip hazard to guest attending events within the conference center.
- 3) \$500,000 – The current fire/life safety system is more than 20 years past its life expectancy. The system is analogue, not as reliable when connecting to the digital system used by campus safety. The current system cannot guarantee an emergency notification will be received based on the outdated technology.

A motion made by Carol Lee was seconded by Stephanie Pastor that the members of the Finance & Investment Committee have reviewed and approved the presented 2022-2023 mid-year capital budget increase of \$1,000,000 associated with needed health and safety work at Kellogg West and will forward this resolution to the Program Committee and full Board for consideration at their next scheduled meetings. No opposition, the motion was approved unanimously.

8. Policy Update – 157 Purchasing and Capitalization

Joanne Mathew reviewed in detail the proposed changes to the revised Corporate Policy No. 157. The suggested updates were displayed with changes tracked for the committee's review.

- Section D: Exceptions to Bidding Requirements and Purchase Orders
To recognize the impact of Policy 122 – Minimum Authorized Signatures including unit/division approval parameters:
Purchases of items will require authorizations per the approvals listed in Policy #122, and will adhere to the limits stated in the division/unit purchase order policies.
- Section E: Purchases from Board Approved Budgets
Increase management approval limit to \$15,000 and add exception for items not subject to Policy 157 bidding requirements:
Purchases, with the exception of those items listed under Section D, having a value greater than \$15,000 require the additional approval of Foundation's Chief Financial Officer or designee.

Moved and seconded by Stephanie Pastor and Michelle Cardona that the Finance & Investment Committee have reviewed and approved the proposed changes to the Purchasing and Capitalization Policy 157 as presented and forward this resolution for consideration by the Board of Directors at the next scheduled meeting; the motion was approved unanimously.

9. Policy Update – 172 Unrestricted Net Assets & Reserves

Jared Ceja reviewed the recommended changes to the Unrestricted Net Assets & Reserves Policy 172 under Section D.3.i Capital Reserve to ensure that the limit is tied to the assessed resource needs associated with maintenance of our facilities. That change, found in section 3i, was displayed on screen with changes tracked.

Moved and seconded by Daniel Foncello and Michelle Cardona that the Finance & Investment Committee have reviewed and approved the replacement of the capital reserve fund limit of \$6,000,000 with a limit tied to the Facilities Condition Assessment Report as presented; no opposition, the motion was approved.

OPEN FORUM

No comments

ADJOURMENT

Moved and seconded by Carol Lee and Stephanie Pastor to adjourn the meeting; no opposition, the motion was approved at 2:56 p.m.

Respectfully submitted,

Ysabel Trinidad
Finance & Investment Committee, Chair



ED/CEO's Report

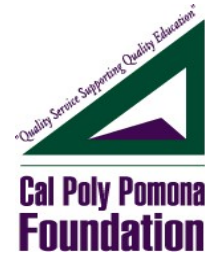
February 15, 2023

Finance & Investment Committee

Highlights

- ▶ Introduction of Valarie Castro, Exec. Asst.
- ▶ Dining Services RFP Update
- ▶ Concept takeovers at Centerpointe
- ▶ Budget process begins

Memorandum



Date: February 15, 2023

To: Finance & Investment Committee
Cal Poly Pomona Foundation, Inc.

From: Joanne Mathew
Director of Financial Services/CFO

Attached: 990 Tax Forms and Supporting Schedules

Subject: INCOME TAX RETURN FORM 990 & 990-T Review

The Foundation is required to annually file the following Federal returns:

Form 990 Return of Organization Exempt from Income Tax
Form 990-T Exempt Organization Business Income Tax Return

In addition, the Foundation must also file the corresponding State returns:

Form 199
Form 109
Form RRF-1 Annual Registration Renewal Fee Report to Attorney General of California

Aldrich was hired to prepare the documents prior to Management's review.

Form 990 Review Policy #124 provides the governing guidelines for this review before finalizing and filing the returns as per Part VI, Section B on the 990 form that requests confirmation whether the organization has provided a copy of the form to all members of its governing body before filing.

Accordingly, we provided all members of the Board a copy of Form 990 and supporting schedules on our website.

Recommended Action: Management recommends that the members of the Finance & Investment Committee approve the following resolution and forward the returns to the Board of Directors for review and approval at their next regularly scheduled meeting.

Now therefore be it resolved that the Foundation's Form 990, 990-T, and all supporting schedules are recommended by the Finance & Investment Committee for review and approval by the Board of Directors at their next regularly scheduled Board of Directors meeting.

PASSED AND ADOPTED THIS 15th DAY OF FEBRUARY 2023.

By: _____
Ysabel Trinidad, Chair
Finance & Investment Committee

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 PONOMA BLDG #55 City or town, state or province, country, and ZIP or foreign postal code POMONA, CA 91768-4038	D Employer identification number 95-2417645 E Telephone number 909-869-2950
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 99,014,244.
J Website: ▶ WWW.FOUNDATION.CPP.EDU		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966 M State of legal domicile: CA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO PRIMARILY SUPPORT, PROMOTE AND ASSIST THE EDUCATIONAL PROGRAMS AT CSP UNIVERSITY, POMONA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1490
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,426,592.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		13,927,996.	18,435,820.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,958,316.	25,823,735.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,619,646.	1,156,656.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,319,692.	17,420,447.
		36,825,650.	62,836,658.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,652,550.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,036,387.	24,044,770.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,878,086.	25,323,237.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	43,567,023.	53,674,901.
19 Revenue less expenses. Subtract line 18 from line 12	-6,741,373.	9,161,757.	
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)	105,430,579.	190,787,176.
	22 Net assets or fund balances. Subtract line 21 from line 20	72,739,935.	145,455,525.
		32,690,644.	45,331,651.

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	Signature of officer JOANNE MATHEW, DIR OF FINANCIAL SERVICES/CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DEBRA D. SMITH, CPA	Preparer's signature DEBRA D. SMITH, CPA
	Date 01/26/23	Check if self-employed <input type="checkbox"/> PTIN P00646873
	Firm's name ▶ ALDRICH CPAS AND ADVISORS, LLP	Firm's EIN ▶ 93-0623286
	Firm's address ▶ 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108	Phone no. (619) 810-4940

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO ENGAGE IN ENTERPRISE AND PROGRAM SUPPORT ACTIVITIES TO AID THE EDUCATIONAL MISSION OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA FOR THE BENEFITS OF STUDENTS, FACULTY, STAFF, ALUMNI, AND VISITORS.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 8,796,981. including grants of \$) (Revenue \$ 13,472,725.) DINING SERVICES - OPERATES A DIVERSE ARRAY OF DINING VENUES FOR THE CONVENIENCE OF STUDENTS, FACULTY, STAFF, AND OTHER UNIVERSITY CONSTITUENTS. THE MISSION OF THE ENTERPRISE FOUNDATION DINING SERVICES IS TO DELIVER QUALITY FOOD SERVICES AT AFFORDABLE PRICES WHILE PROVIDING VALUABLE STUDENT WORK EMPLOYMENT OPPORTUNITIES AND RESOURCE SUPPORT TO THE CAL POLY POMONA COMMUNITY. EACH YEAR, OVER 500 STUDENTS FROM ALL ACADEMIC DISCIPLINES GAIN LEADERSHIP SKILLS AND BENEFICIAL WORK EXPERIENCES BY WORKING IN RESIDENTIAL AND RETAIL DINING OPERATIONS.

4b (Code:) (Expenses \$ 3,737,660. including grants of \$) (Revenue \$ 9,599,695.) STUDENT HOUSING - THE VILLAGE OFFERS VALUABLE, WELL-MAINTAINED, AND FURNISHED ACCOMMODATIONS FOR OVER 1,200 CAL POLY POMONA STUDENTS EACH YEAR. BY FOCUSING ON INTERPERSONAL RELATIONSHIPS WITH ITS RESIDENTS, HOUSING SERVICES STRIVES TO CREATE A SAFE, RESPECTFUL AND INCLUSIVE COMMUNITY. STUDENTS ENGAGE WITH A SUPPORTIVE STAFF AND DYNAMIC ENVIRONMENT THAT CONTINUALLY WORKS TO ADAPT TO RESIDENT NEEDS. THE UNIVERSITY VILLAGE PRIDES ITSELF ON ADVANCING STUDENT SUCCESS THROUGH A HOLISTIC, CO-CURRICULAR EDUCATION, AND STUDENT EMPLOYMENT OPPORTUNITIES.

4c (Code:) (Expenses \$ 2,108,146. including grants of \$) (Revenue \$ 10,108,397.) BRONCO BOOKSTORE - OFFERS THE ACADEMIC COMMUNITY ALL OF THE COURSE MATERIALS, SUPPLIES, TECHNOLOGY, SPIRIT GEAR, AND TOOLS NECESSARY FOR A SUCCESSFUL UNIVERSITY EXPERIENCE. ITS MISSION IS TO PROVIDE THESE GOODS, AND SERVICES IN THE MOST AFFORDABLE AND CONVENIENT MANNER POSSIBLE. THE BRONCO BOOKSTORE ALSO SUPPORTS FACULTY EFFORTS TO IDENTIFY THE COURSE MATERIALS THAT ARE MOST ADVANTAGEOUS FOR STUDENT LEARNING AND COMPLETION. STAFF TAKE PRIDE IN DEVELOPING STUDENT EMPLOYEES WITH CO-CURRICULAR EXPERIENCES THAT ENHANCE THEIR CLASSROOM LEARNING.

4d Other program services (Describe on Schedule O.) (Expenses \$ 28,658,167. including grants of \$ 4,306,894.) (Revenue \$ 2,636,773.)

4e Total program service expenses 43,300,954.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included on line 1a, above, who are independent (23); 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, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b 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 on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JOANNE MATHEW - 909-869-3154 3801 W. TEMPLE AVE BLDG #55, POMONA, CA 91768-4038

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	12,921,884.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,513,936.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			18,435,820.			
Program Service Revenue	2 a STUDENT HOUSING	Business Code	900099	9,599,695.	9,599,695.		
	b OTHER OPERATING REVENUE		900099	7,823,394.	7,823,394.		
	c EDUCATIONAL ACTIVITIES		900099	5,850,463.	5,850,463.		
	d KELLOGG WEST		722320	2,550,183.	1,443,872.	1106311.	
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			25,823,735.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			821,017.		821,017.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				23,797,263.			
	b Less: cost or other basis and sales expenses	7b	23,461,624.				
c Gain or (loss)	7c	335,639.					
d Net gain or (loss)			335,639.		335,639.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		25,097,390.				
			12,715,962.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			12,381,428.	11100166.	1281262.		
Miscellaneous Revenue	11 a LANTERMAN	Business Code	531190	3,447,430.		3447430.	
	b COLLEGE OF AGRICULTURE		445200	1,591,589.		1591589.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			5,039,019.			
12 Total revenue. See instructions			62,836,658.	35817590.	7426592.	1156656.	

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21 ...	2,121,807.	2,121,807.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,185,087.	2,185,087.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	450,947.		450,947.	
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	18,143,454.	16,169,492.	1,973,962.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	997,406.	728,907.	268,499.	
9 Other employee benefits	1,427,160.	1,358,835.	68,325.	
10 Payroll taxes	3,025,803.	3,025,803.		
11 Fees for services (nonemployees):				
a Management				
b Legal	48,808.	90.	48,718.	
c Accounting	177,954.	63,438.	114,516.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	95,584.		95,584.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,430,344.	2,486,816.	943,528.	
12 Advertising and promotion	236,601.	138,909.	97,692.	
13 Office expenses	4,010,461.	3,712,121.	298,340.	
14 Information technology	537,776.	197,804.	339,972.	
15 Royalties	1,081,315.	169,978.	911,337.	
16 Occupancy	3,063,095.	2,369,908.	693,187.	
17 Travel	658,092.	488,856.	169,236.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	54,164.	43,294.	10,870.	
20 Interest	1,132,981.	1,024,403.	108,578.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,892,878.	2,840,903.	1,051,975.	
23 Insurance	354,244.	238,115.	116,129.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE	2,954,542.	859,221.	2,095,321.	0.
b INDIRECT COST	2,382,391.	1,938,429.	443,962.	0.
c MISCELLANEOUS	645,250.	608,977.	36,273.	0.
d AGRICULTURE/FEED	331,571.	331,228.	343.	0.
e All other expenses	235,186.	198,533.	36,653.	
25 Total functional expenses. Add lines 1 through 24e	53,674,901.	43,300,954.	10,373,947.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,497,982.	1	2,906,639.
	2 Savings and temporary cash investments	224,279.	2	719,908.
	3 Pledges and grants receivable, net	2,405,331.	3	2,819,445.
	4 Accounts receivable, net	6,327,907.	4	13,571,023.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,501,046.	8	1,937,763.
	9 Prepaid expenses and deferred charges	71,973.	9	305,391.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 88,101,184.		
	b Less: accumulated depreciation	10b 45,526,172.	54,921,768.	10c 42,575,012.
	11 Investments - publicly traded securities	26,393,204.	11	21,193,878.
	12 Investments - other securities. See Part IV, line 11	5,467,357.	12	6,579,499.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	553,199.	14	513,209.
	15 Other assets. See Part IV, line 11	4,066,533.	15	97,665,409.
16 Total assets. Add lines 1 through 15 (must equal line 33)	105,430,579.	16	190,787,176.	
Liabilities	17 Accounts payable and accrued expenses	4,023,618.	17	4,707,573.
	18 Grants payable	2,127,277.	18	2,096,333.
	19 Deferred revenue	782,017.	19	1,729,024.
	20 Tax-exempt bond liabilities	40,920,831.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,886,192.	25	136,922,595.
	26 Total liabilities. Add lines 17 through 25	72,739,935.	26	145,455,525.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,938,527.	27	20,156,509.
	28 Net assets with donor restrictions	14,752,117.	28	25,175,142.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	32,690,644.	32	45,331,651.
33 Total liabilities and net assets/fund balances	105,430,579.	33	190,787,176.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,836,658.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,674,901.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,161,757.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,690,644.
5	Net unrealized gains (losses) on investments	5	-4,043,036.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	7,522,286.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,331,651.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
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? _____	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
CALIFORNIA STATE POLYTECHNIC UNIVERS	95-4255659	5	X		0.	2,121,807.
Total					0.	2,121,807.

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22450279.	24449833.	12706662.	13927996.	18435820.	91970590.
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	22450279.	24449833.	12706662.	13927996.	18435820.	91970590.
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.						91970590.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	22450279.	24449833.	12706662.	13927996.	18435820.	91970590.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4099518.	6679417.	1084803.	869,840.	840,017.	13573595.
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 VI.)						
11 Total support. Add lines 7 through 10						105544185
12 Gross receipts from related activities, etc. (see instructions)					12	162,586,797.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	87.14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	85.59 %
16a 33 1/3% support test - 2021. 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 checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. 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 - 2021. 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 VI 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 - 2020. 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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls... Row 11b: A family member... Row 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Row 1a: [X] The organization satisfied the Activities Test. Row 1b: [] The organization is the parent of each of its supported organizations. Row 1c: [] The organization supported a governmental entity. Row 2: Activities Test. Answer lines 2a and 2b below. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes... Row 2b: Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Row 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION D, LINE 3 - ROLE OF SUPPORTED ORGANIZATIONS

THE UNIVERSITY'S ADMINISTRATIVE ORGANIZATION SUPERVISES THE FOUNDATION, AS REQUIRED BY TITLE 5, CALIFORNIA CODE OF REGULATIONS, SECTION 42402; A MAJORITY OF THE BOARD OF DIRECTORS ARE EMPLOYEES OF THE UNIVERSITY; A MAJORITY OF THE FINANCE AND INVESTMENT COMMITTEE MEMBERS ARE EMPLOYEES OF THE UNIVERSITY.

PART IV, SECTION E, LINE 2A - EXPLANATION OF SUPPORTED ORGAN

UNDER SECTION 89911 ET SEQ. OF THE CALIFORNIA EDUCATION CODE, THE FOUNDATION IS A DESIGNATED AUXILIARY ORGANIZATION SERVING EXCLUSIVELY THE UNIVERSITY, WITH AUTHORIZED FUNCTIONS IN FURTHERANCE OF THE UNIVERSITY'S EXEMPT PURPOSE. THE FOUNDATION PROVIDES ESSENTIAL FUNCTIONS WHICH ARE AN INTEGRAL PART OF THE EDUCATIONAL MISSION OF THE UNIVERSITY. THE UNIVERSITY ENCOURAGES AN ACTIVE ROLE OF THE FOUNDATION IN SUPPORT SERVICES ASSOCIATED WITH THESE FUNCTIONS:

- A. EXTERNALLY FUNDED PROJECTS AND PROGRAMS
B. INSTRUCTIONALLY-RELATED PROGRAMS AND ACTIVITIES
C. PUBLIC RELATIONS AND FUND MANAGEMENT
D. BOOKSTORES
E. FOOD SERVICES
F. CAMPUS SERVICES
G. ACQUISITION AND DEVELOPMENT OF REAL PROPERTY
H. OTHER FUNCTIONS APPROVED BY THE BOARD OF TRUSTEES AND AUTHORIZED BY THE UNIVERSITY.

PART IV, SECTION E, LINE 2B - EXPLANATION OF ORGANIZATION'S

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

THE UNIVERSITY AND THE FOUNDATION HAVE ENTERED INTO A WRITTEN OPERATING AGREEMENT SPECIFYING THE AUTHORIZED SUPPORT FUNCTIONS AND THE INTEGRAL RELATIONSHIP BETWEEN THE TWO ENTITIES. THE BOARD OF TRUSTEES OF THE UNIVERSITY FIND CERTAIN SUPPORT FUNCTIONS ADVANTAGEOUS TO THE MISSION OF THE CALIFORNIA STATE UNIVERSITY, MORE EFFECTIVELY ACCOMPLISHED BY THE USE OF THE FOUNDATION.

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

CAL POLY POMONA FOUNDATION, INC.

Employer identification number

95-2417645

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization CAL POLY POMONA FOUNDATION, INC.	Employer identification number 95-2417645
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED STATES DEPARTMENT OF EDUCATION 550 12TH STREET, SW, ROOM 6087 WASHINGTON, DC 20202	\$ 11,796,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	AGRICULTURAL RESEARCH INSTITUTE 3801 W. TEMPLE AVENUE POMONA, CA 91768	\$ 1,080,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATIONAL INSTITUTE OF HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	\$ 1,081,414.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NATIONAL SCIENCE FOUNDATION 4201 WILSON BLVD. ARLINGTON, VA 22230	\$ 1,177,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CAL POLY POMONA FOUNDATION, INC.	Employer identification number 95-2417645
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CAL POLY POMONA FOUNDATION, INC.	Employer identification number 95-2417645
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 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" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,102,910.		7,102,910.
b Buildings		44,126,385.	32,462,578.	11,663,807.
c Leasehold improvements		143,638.	133,719.	9,919.
d Equipment		15,286,694.	11,218,511.	4,068,183.
e Other		21,441,557.	1,711,364.	19,730,193.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				42,575,012.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS HELD FOR SALE	353,533.
(2) NET PENSION LIABILITY	2,427,121.
(3) NET OPEB LIABILITY	476,040.
(4) LEASE RECEIVABLES	94,408,715.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	97,665,409.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NET PENSION LIABILITY	10,230,658.
(3) NET OPEB LIABILITY	6,978,011.
(4) ACCOUNTS PAYABLE TO THE UNIVERSITY	1,294,692.
(5) SPLIT INTEREST AGREEMENTS	583,493.
(6) UNITRUST LIABILITY	827,905.
(7) PAYCHECK PROTECTION PROGRAM LOAN	3,795,000.
(8) LEASES	92,897,456.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	136,922,595.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	70,395,150.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,043,036.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	12,715,962.
e	Add lines 2a through 2d	2e	8,672,926.
3	Subtract line 2e from line 1	3	61,722,224.
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	95,584.
b	Other (Describe in Part XIII.)	4b	1,018,850.
c	Add lines 4a and 4b	4c	1,114,434.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	62,836,658.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	65,276,429.
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 XIII.)	2d	12,715,962.
e	Add lines 2a through 2d	2e	12,715,962.
3	Subtract line 2e from line 1	3	52,560,467.
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	95,584.
b	Other (Describe in Part XIII.)	4b	1,018,850.
c	Add lines 4a and 4b	4c	1,114,434.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	53,674,901.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE TAX POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX POSITIONS EVALUATED ARE RELATED TO THE FOUNDATION'S CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES CONDUCTED THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS WILL MOST LIKELY BE SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

COST OF GOODS SOLD NETTED WITH REVENUE 12,715,962.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TRANSFER OF ASSETS TO THE UNIVERSITY 1,018,850.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH REVENUE 12,715,962.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRANSFER OF ASSETS TO THE UNIVERSITY 1,018,850.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE POLYTECHNIC UNIVERSITY - 3801 W. TEMPLE AVE - POMONA, CA 91768	95-4255659	115	0.	2,121,807.	NBV	BUILDING IMPROVEMENTS, EQUIPMENT, RENOVATIONS	SUPPORT UNIVERSITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP AND STIPENDS	1322	2,185,087.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL SCHOLARSHIP AND OTHER FINANCIAL ASSISTANCE PAYMENTS ARE MONITORED BY THE FINANCIAL AID DEPARTMENT OF CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA. THE FOUNDATION VERIFIES AND APPROVES ALL ELIGIBILITY REQUIREMENTS RELATING TO SPECIFIC PROGRAMS TO ENSURE COMPLIANCE WITH PROJECT TERMS AND CONDITIONS AND DONOR RESTRICTIONS. FINANCIAL AID ALSO MAINTAINS RECORDS OF ALL FINANCIAL ASSISTANCE PAYMENTS PAID DURING THE FISCAL PERIOD. THE FOUNDATION MAINTAINS ALL RECORDS ASSOCIATED WITH STIPEND PAYMENTS.

**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" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

CAL POLY POMONA FOUNDATION, INC.

Employer identification number

95-2417645

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <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 checked="" type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" 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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

PERSONAL SERVICES: MAID SERVICES WERE PROVIDED FOR SORAYA COLEY, CHAIR OF THE BOARD AT HER RESIDENCE LOCATED ON CAMPUS. THE AMOUNT WAS NOT TREATED AS TAXABLE COMPENSATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CAL POLY POMONA FOUNDATION, INC.

Employer identification number

95-2417645

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INSTRUCTIONALLY RELATED PROGRAMS AND ACTIVITIES INCLUDING CAMPUS

PROGRAMS, WORKSHOPS AND CONFERENCES. THE FOUNDATION ADMINISTERS PROGRAM

REVENUE ON BEHALF OF THE UNIVERSITY. THESE FUNDS ARE DESIGNATED BY THE

UNIVERSITY (UNRESTRICTED) TO ENHANCE AND ENRICH THE EDUCATIONAL

EXPERIENCE, GOALS, AND OBJECTIVES OF A LEARNING-CENTERED ENVIRONMENT.

IN GENERAL, THESE FUNDS ARE USED IN THE AREA OF INSTRUCTION, PUBLIC

1SERVICE, ACADEMIC SUPPORT, STUDENT SERVICES, INSTITUTIONAL SUPPORT,

CAPITAL PROJECTS, AND STUDENT GRANTS AND SCHOLARSHIPS.

EXPENSES \$ 28,658,167. INCL GRANTS OF \$ 4,306,894. REVENUE \$ 2,636,773.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT RETURN IS REVIEWED BY THE ENTERPRISE FOUNDATION MANAGEMENT,

FOLLOWED BY THE VICE PRESIDENT OF FINANCE AT THE UNIVERSITY. IT IS THEN

PRESENTED TO THE FINANCE & INVESTMENT COMMITTEE FOR ACCEPTANCE AND THEN

FORWARDED TO THE BOARD FOR FINAL ACCEPTANCE BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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 CODE 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.

IF ANY MEMBER OF THE BOARD OF DIRECTORS IS FOUND TO BE IN VIOLATION OF THIS

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

Schedule O (Form 990) 2021

Name of the organization CAL POLY POMONA FOUNDATION, INC.	Employer identification number 95-2417645
--	--

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 BEING 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.

FORM 990, PART VI, SECTION B, LINE 15:

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 REVIEWS THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER AS FOLLOWS:

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. ONLY THOSE MEMBERS OF THE BOARD WHO ARE FREE OF CONFLICTS OF INTEREST MAY BE

Name of the organization CAL POLY POMONA FOUNDATION, INC.	Employer identification number 95-2417645
--	--

INVOLVED IN EVALUATION OF EXECUTIVE COMPENSATION. 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 RATING SCALE 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 REPORTING SUPERVISOR'S MANAGER. THE OVERALL POINT VALUE IS ONE SOURCE OF INPUT FOR THE RATE OF INCREASE, IF ANY. COMPENSATION COMPARABILITY IS COMPLETED BY USING THE AOA COMPENSATION SURVEY, WHICH INCLUDES AS MANY AS 50 POSITIONS FROM OTHER CSU AUXILIARIES, AND ALSO INCLUDES A REVIEW OF THE PUBLISHED CSU SALARY LETTERS AND THEIR RESPECTIVE WRITTEN JOB DESCRIPTIONS AND CURRENT MARKET DATA. THIS ANALYSIS IS CONDUCTED INDEPENDENTLY WITHIN HUMAN RESOURCES AND THE RESULTING DATA ALONG WITH THE ORGANIZATION'S HISTORICAL PRACTICES ARE USED TO DEVELOP THE SALARY RANGES, WHICH ARE ULTIMATELY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS, AND DOCUMENTED ACCORDINGLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES #221 AND #222 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE FOUNDATION'S WEBSITE AND UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) 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" on 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, PONOMA - 95-4255659, 3801 W. TEMPLE EVE.,, PONOMA, CA 91768	HIGHER EDUCATION	CALIFORNIA	115		N/A		X
CAL POLY POMONA PHILANTHROPIC FOUNDATION - 83-2300241, 3801 W. TEMPLE EVE.,, PONOMA, CA 91768	FUNDRAISING AND GIFT MANAGEMENT FOR CAL POLY POMONA UNIVERSITY	CALIFORNIA	501(C)(3)	LINE 5			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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 allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER UNITRUST (3)		CA	N/A	TRUST	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CALIFORNIA STATE POLYTECHNIC UNIVERSITY, PONOMA	B	2,121,807.	BOOK VALUE
(2) CALIFORNIA STATE POLYTECHNIC UNIVERSITY, PONOMA	J	1,121,606.	BOOK VALUE
(3) CALIFORNIA STATE POLYTECHNIC UNIVERSITY, PONOMA	K	1,460,000.	BOOK VALUE
(4) CALIFORNIA STATE POLYTECHNIC UNIVERSITY	P	12,072,530.	BOOK VALUE
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name CAL POLY POMONA FOUNDATION, INC.	Employer Identification Number 95-2417645
--	--

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - DINING/HOTEL	1,145,645.
FEDERAL POST-2017 NET OPERATING LOSS - UBIT-LANTERMAN	538,122.
FEDERAL PRE-2018 NET OPERATING LOSS	635,019.
CA NET OPERATING LOSS	3,096,024.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CAL POLY POMONA FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 3801 WEST TEMPLE AVE PONOMA BLDG #55 City or town, state or province, country, and ZIP or foreign postal code POMONA, CA 91768-4038	D Employer identification number 95-2417645 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year ▶ 190,787,176.				

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **3**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **JOANNE MATHEW** Telephone number ▶ **909-869-3154**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	419,049.
2 Reserved	2	
3 Add lines 1 and 2	3	419,049.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	419,049.
6 Deduction for net operating loss. See instructions STATEMENT 1	6	419,049.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a
b Other credits (see instructions)	1b
c General business credit. Attach Form 3800 (see instructions)	1c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d
e Total credits. Add lines 1a through 1d	1e
2 Subtract line 1e from Part II, line 7	2
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5
6a Payments: A 2020 overpayment credited to 2021	6a
b 2021 estimated tax payments. Check if section 643(g) election applies	6b
c Tax deposited with Form 8868	6c
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d
e Backup withholding (see instructions)	6e
f Credit for small employer health insurance premiums (attach Form 8941)	6f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g
<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	Total
7 Total payments. Add lines 6a through 6g	7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax	11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No	
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4 Enter available pre-2018 NOL carryovers here			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
722320	\$ 731,001.		
531190	\$ 538,122.		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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	Date	Title	
			DIR OF FINANCIAL SERVICES/CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	DEBRA D. SMITH, CPA	DEBRA D. SMITH, CPA	01/26/23	P00646873
	Firm's name	Firm's EIN		
	ALDRICH CPAS AND ADVISORS, LLP		93-0623286	
	Firm's address			Phone no.
	7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108			(619) 810-4940

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 1,054,068.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 419,049.

SCHEDULE A PORTION OF PRE-2018 NOL
 SCHEDULE A ENTITY SCHEDULE A SHARE

1	0.
2	0.
3	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.
 NET OPERATING DEDUCTION 419,049.
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.
 EXPIRING NET OPERATING LOSSES 0.
 CARRY FORWARD OF NET OPERATING LOSS 635,019.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	300,488.	300,488.	0.	0.
06/30/07	91,270.	91,270.	0.	0.
06/30/08	181,670.	181,670.	0.	0.
06/30/09	173,477.	107,798.	65,679.	65,679.
06/30/10	133,631.	0.	133,631.	133,631.
06/30/11	24,187.	0.	24,187.	24,187.
06/30/12	20,326.	0.	20,326.	20,326.
06/30/13	92,279.	0.	92,279.	92,279.
06/30/16	343,612.	0.	343,612.	343,612.
06/30/17	235,506.	0.	235,506.	235,506.
06/30/18	138,848.	0.	138,848.	138,848.
NOL CARRYOVER AVAILABLE THIS YEAR			1,054,068.	1,054,068.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization CAL POLY POMONA FOUNDATION, INC.	B Employer identification number 95-2417645
C Unrelated business activity code (see instructions) ▶ 445200	D Sequence: 1 of 3

E Describe the unrelated trade or business ▶ **COLLEGE OF AGRICULTURE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>1,591,589.</u>				
b Less returns and allowances _____ c Balance ▶	1c	1,591,589.		
2 Cost of goods sold (Part III, line 8)	2	396,443.		
3 Gross profit. Subtract line 2 from line 1c	3	1,195,146.		1,195,146.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	1,195,146.		1,195,146.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2		148,264.	
3 Repairs and maintenance	3		30,811.	
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7	4,067.		
8 Less depreciation claimed in Part III and elsewhere on return	8a			4,067.
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11		44,248.	
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 3	14		548,707.	
15 Total deductions. Add lines 1 through 14	15		776,097.	
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		419,049.	
17 Deduction for net operating loss. See instructions	17		0.	
18 Unrelated business taxable income. Subtract line 17 from line 16	18		419,049.	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold		Enter method of inventory valuation ▶ N/A	
1	Inventory at beginning of year	1	0.
2	Purchases	2	396,443.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	Total. Add lines 1 through 5	6	396,443.
7	Inventory at end of year	7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	396,443.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes <input checked="" type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)				
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	_____			
B	_____			
C	_____			
D	_____			
	A	B	C	D
2	Rent received or accrued			
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)			
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.			

Part V Unrelated Debt-Financed Income (see instructions)				
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	_____			
B	_____			
C	_____			
D	_____			
	A	B	C	D
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 statement)			
b	Other deductions (attach statement)			
c	Total deductions (add lines 3a and 3b, columns A through D)			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)			
6	Divide line 4 by line 5 % % % %			
7	Gross income reportable. Multiply line 2 by line 6 ...			
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.			
9	Allocable deductions. Multiply line 3c by line 6			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.			
11	Total dividends-received deductions included in line 10 ▶ 0.			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		0.
				Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		0.
Totals						

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		
		0.		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
				0.
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
ADVERTISING	2,343.
UTILITIES	17,080.
OFFICE EXPENSES	165,627.
SERVICES	43,688.
INSURANCE	5,349.
TRAVEL & MEALS	859.
BANK CARD FEES	26,813.
AGRICULTURAL	221,183.
GENERAL AND ADMINISTRATION	65,485.
TRAVEL	280.
TOTAL TO SCHEDULE A, PART II, LINE 14	548,707.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization CAL POLY POMONA FOUNDATION, INC.	B Employer identification number 95-2417645
C Unrelated business activity code (see instructions) ▶ 722320	D Sequence: 2 of 3

E Describe the unrelated trade or business ▶ **DINING/HOTEL**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>1,780,532.</u>				
b Less returns and allowances _____ c Balance ▶	1c	1,780,532.		
2 Cost of goods sold (Part III, line 8)	2	277,452.		
3 Gross profit. Subtract line 2 from line 1c	3	1,503,080.		1,503,080.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement) <u>STMT 4</u>	12	607,041.		607,041.
13 Total. Combine lines 3 through 12	13	2,110,121.		2,110,121.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages	2			1,143,914.
3 Repairs and maintenance	3			205,037.
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			
7 Depreciation (attach Form 4562). See instructions	7	34,156.		
8 Less depreciation claimed in Part III and elsewhere on return	8a			34,156.
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			197,334.
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) <u>SEE STATEMENT 5</u>	14			944,324.
15 Total deductions. Add lines 1 through 14	15			2,524,765.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-414,644.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-414,644.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold		Enter method of inventory valuation ▶ N/A	
1	Inventory at beginning of year	1	0.
2	Purchases	2	277,452.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement)	5	0.
6	Total. Add lines 1 through 5	6	277,452.
7	Inventory at end of year	7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	277,452.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶				0.

Part V Unrelated Debt-Financed Income (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
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 statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				0.
11	Total dividends-received deductions included in line 10 ▶				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	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. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)					0.

a					
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a	Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.
----------	---	--	--	--	----

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A)	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
HOTEL		598,235.
DINING		8,806.
TOTAL TO SCHEDULE A, PART I, LINE 12		607,041.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
RENT		81,874.
ADVERTISING		9,955.
UTILITIES		111,143.
OFFICE EXPENSES		228,082.
TRAVEL & MEALS		1,360.
SERVICES		180,021.
INSURANCE		33,199.
BANK CARD FEES		26,440.
OTHER EXPENSES		271,957.
TRAVEL		293.
TOTAL TO SCHEDULE A, PART II, LINE 14		944,324.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21	731,001.	0.	731,001.	731,001.
NOL CARRYOVER AVAILABLE THIS YEAR			731,001.	731,001.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization CAL POLY POMONA FOUNDATION, INC.	B Employer identification number 95-2417645
C Unrelated business activity code (see instructions) ▶ 531190	D Sequence: 3 of 3

E Describe the unrelated trade or business ▶ **UBIT - LANTERMAN**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>3,447,430.</u>				
b Less returns and allowances _____ c Balance ▶	1c	3,447,430.		
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3	3,447,430.		3,447,430.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	3,447,430.		3,447,430.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)				1
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement). See instructions				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)		SEE STATEMENT 7		14
15 Total deductions. Add lines 1 through 14				15
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16
17 Deduction for net operating loss. See instructions				17
18 Unrelated business taxable income. Subtract line 17 from line 16				18

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations		
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)		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. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals				0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
---	--	--	--	--

5 Readership costs				
--------------------------	--	--	--	--

6 Circulation income				
----------------------------	--	--	--	--

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
--	--	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
--	--	--	--	--

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.
---	--	--	--	----

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION	AMOUNT
GENERAL AND ADMINISTRATIVE SERVICES	155,134.
MEALS & REFRESHMENTS	350,851.
RENT	109.
TRAVEL	911,337.
	145.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,417,576.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 8

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	474,725.	0.	474,725.	474,725.
06/30/20	63,397.	0.	63,397.	63,397.
NOL CARRYOVER AVAILABLE THIS YEAR			538,122.	538,122.

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return CAL POLY POMONA FOUNDATION, INC.	Business or activity to which this form relates COLLEGE OF AGRICULTURE	Identifying number 95-2417645
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,050,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	4,067.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	4,067.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return CAL POLY POMONA FOUNDATION, INC.	Business or activity to which this form relates DINING/HOTEL	Identifying number 95-2417645
--	--	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,050,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,620,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	34,156.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	34,156.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

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

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
---	---

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	80,578,424	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	18,435,820	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	99,014,244	00
	5	Cost of goods sold STMT 2	5	12,715,962	00
	6	Cost or other basis, and sales expenses of assets sold	6	23,461,624	00
	7	Total costs. Add line 5 and line 6	7	36,177,586	00
	8	Total gross income. Subtract line 7 from line 4	8	62,836,658	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	53,674,901	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	9,161,757	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00
Sign Here	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.				
Paid Preparer's Use Only	Signature of officer	Title DIR OF FINANCI	Date	<input type="checkbox"/> Telephone <input checked="" type="checkbox"/> PTIN P00646873	
	Preparer's signature	DEBRA D. SMITH, CPA	01/26/23	<input type="checkbox"/> Firm's FEIN 93-0623286	
	Firm's name (or yours, if self-employed) and address	ALDRICH CPAS AND ADVISORS, LLP 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108		<input type="checkbox"/> Telephone (619) 810-4940	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	25,097,390	00	
	2	Interest	•	2	12,409	00	
	3	Dividends	•	3	808,608	00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions) STATEMENT 3	•	6	23,797,263	00	
	7	Other income SEE STATEMENT 4	•	7	30,862,754	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	80,578,424	00	
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 6 STATEMENT 5	•	9	4,306,894	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 7	•	11	450,947	00	
	12	Other salaries and wages	•	12	18,143,454	00	
	Expenses and Disbursements	13	Interest	•	13	1,132,981	00
		14	Taxes	•	14	3,025,803	00
		15	Rents	•	15	3,063,095	00
		16	Depreciation and depletion (See instructions)	•	16	3,892,878	00
		17	Other expenses and disbursements SEE STATEMENT 8	•	17	19,658,849	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	53,674,901	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		3,722,261		• 3,626,547
2 Net accounts receivable		6,327,907		• 13,571,023
3 Net notes receivable				•
4 Inventories		1,501,046		• 1,937,763
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 9		31,860,561		• 27,773,377
10 a Depreciable assets	107,588,766		80,998,274	
b Less accumulated depreciation	(59,769,908)	47,818,858	(45,526,172)	35,472,102
11 Land		7,102,910		• 7,102,910
12 Other assets STMT 10		7,097,036		• 101,303,454
13 Total assets		105,430,579		190,787,176
Liabilities and net worth				
14 Accounts payable		4,023,618		• 4,707,573
15 Contributions, gifts, or grants payable		2,127,277		• 2,096,333
16 Bonds and notes payable STMT 11		40,920,831		•
17 Mortgages payable				•
18 Other liabilities STMT 12		25,668,209		138,651,619
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		32,690,644		• 45,331,651
22 Total liabilities and net worth		105,430,579		190,787,176

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 5,118,721	7 Income recorded on books this year not included in this return. Attach schedule *	• -4,043,036
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	-4,043,036
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	9,161,757
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5	5,118,721		

* SEE STATEMENT

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
UNITED STATES DEPARTMENT OF EDUCATION	550 12TH STREET, SW, ROOM 6087 WASHINGTON, DC 20202		11,796,907.
AGRICULTURAL RESEARCH INSTITUTE	3801 W. TEMPLE AVENUE POMONA, CA 91768		1,080,698.
NATIONAL INSTITUTE OF HEALTH	9000 ROCKVILLE PIKE BETHESDA, MD 20892		1,081,414.
NATIONAL SCIENCE FOUNDATION	4201 WILSON BLVD. ARLINGTON, VA 22230		1,177,008.
TOTAL INCLUDED ON LINE 3			<u>15,136,027.</u>

FORM 199 COST OF GOODS SOLD STATEMENT 2
 INCLUDED ON PART I, LINE 5

COST OF GOODS SOLD		
1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.	12,715,962	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		12,715,962
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		12,715,962

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
SALE OF INVESTMENTS	23,461,624.	0.	0.	23,797,263.
TOTAL TO FORM 199, PAGE 2, LN 6	23,461,624.	0.	0.	23,797,263.

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
LANTERMAN	3,447,430.
COLLEGE OF AGRICULTURE	1,591,589.
EDUCATIONAL ACTIVITIES	5,850,463.
OTHER OPERATING REVENUE	7,823,394.
STUDENT HOUSING	9,599,695.
KELLOGG WEST	2,550,183.
TOTAL TO FORM 199, PART II, LINE 7	30,862,754.

CA 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 5

ACTIVITY CLASSIFICATION: SCHOLARSHIPS AND STIPENDS

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE POLYTECHNIC UNIVERSITY	3801 W TEMPLE AVE - POMONA, CA 91768	NONE	2,185,087.

TOTAL FOR THIS ACTIVITY 2,185,087.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 2,185,087.

CA 199

NONCASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 6

ACTIVITY CLASSIFICATION: CHARITABLE

<u>NAME OF DONEE</u>	<u>ADDRESS OF DONEE</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE POLYTECHNIC UNIVERSITY	3801 W TEMPLE AVE - POMONA, CA 91775	NONE	2,121,807.

<u>DATE OF GIFT</u>	<u>BOOK VALUE OF GIFT</u>	<u>PROPERTY DESCRIPTION</u>	<u>METHOD USED TO DETERMINE BOOK VALUE</u>
	2,121,807.	BUILDING IMPROVEMENTS	NBV

TOTAL FOR THIS ACTIVITY 2,121,807.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 2,121,807.

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 7

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SORAYA COLEY 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	CHAIRMAN 0.50	0.
JOHN MCGUTHRY 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
CHRISTINA GONZALES 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
DANIEL MONTPLAISIR 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
MARTIN F. SANCHO-MADRIZ 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	SECRETARY/TREASURER 0.50	0.
JARED CEJA 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	EXECUTIVE DIRECTOR/CEO 40.00	263,409.
PHYLLIS NELSON 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	FACULTY DIRECTOR 0.50	0.
YSABEL TRINIDAD 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	VICE-CHAIR 0.50	0.
HOMEYRA SADAGHIANI 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	FACULTY DIRECTOR 0.50	0.
JOANNE MATHEW 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	DIRECTOR OF FINANCIAL SERV 40.00	187,538.
NICHOLAS VAN GLAHN 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.

CAL POLY POMONA FOUNDATION, INC.

95-2417645

STEPHANIE PASTOR 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
DEBORAH GOMAN 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	STAFF DIRECTOR 0.50	0.
APRIL JIMENEZ-VALDEZ 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	STAFF DIRECTOR 0.50	0.
ALIZA ORTEGA 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	STUDENT DIRECTOR 0.50	0.
CYNTHIA NELSON 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	COMMUNITY DIRECTOR 0.50	0.
DANIEL FONCELLO 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	STUDENT DIRECTOR 0.50	0.
DAVID SPEAK 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	AT LARGE DIRECTOR 0.50	0.
ERICA FRAUSTO 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	AT LARGE DIRECTOR 0.50	0.
JENNIFER BROWN -START 2022 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
LOWELL OVERTON 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	MEMBER AT LARGE 0.50	0.
MARYANN TOLANO-LEVEQUE 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	AT LARGE DIRECTOR 0.50	0.
MAYRA BROWN 3801 WEST TEMPLE AVE PONOMA BLDG #55 POMONA, CA 91768-4038	AT LARGE DIRECTOR 0.50	0.

CAL POLY POMONA FOUNDATION, INC.

95-2417645

OLIVER SANTOS
3801 WEST TEMPLE AVE PONOMA BLDG #55
POMONA, CA 91768-4038

MEMBER AT LARGE
0.50

0.

RUBY SUCHECKI
3801 WEST TEMPLE AVE PONOMA BLDG #55
POMONA, CA 91768-4038

AT LARGE DIRECTOR
0.50

0.

TOTAL TO FORM 199, PART II, LINE 11

450,947.

CA 199	OTHER EXPENSES	STATEMENT 8
DESCRIPTION		AMOUNT
REPAIRS & MAINTENANCE		2,954,542.
INDIRECT COST		2,382,391.
MISCELLANEOUS		645,250.
AGRICULTURE/FEED		331,571.
PENSION PLAN CONTRIBUTIONS		997,406.
OTHER EMPLOYEE BENEFITS		1,427,160.
LEGAL FEES		48,808.
ACCOUNTING FEES		177,954.
INVESTMENT MANAGEMENT FEES		95,584.
OTHER PROFESSIONAL FEES		3,430,344.
ADVERTISING AND PROMOTION		236,601.
OFFICE EXPENSES		4,010,461.
INFORMATION TECHNOLOGY		537,776.
ROYALTIES		1,081,315.
TRAVEL		658,092.
CONFERENCES AND CONVENTIONS		54,164.
INSURANCE		354,244.
ALL OTHER EXPENSES		235,186.
TOTAL TO FORM 199, PART II, LINE 17		19,658,849.

CA 199	OTHER INVESTMENTS	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL /EXCHANGE TRADED FUNDS	17,154,939.	12,439,149.
ALTERNATIVE INVESTMENTS	5,175,507.	6,300,901.
INDEXED ANNUITY	291,850.	278,598.
EQUITY SECURITIES	9,238,265.	8,754,729.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	31,860,561.	27,773,377.

CA 199	OTHER ASSETS	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	2,405,331.	2,819,445.
PREPAID EXPENSES AND DEFERRED CHARGES	71,973.	305,391.
INTANGIBLE ASSETS	553,199.	513,209.
ASSETS HELD FOR SALE	330,246.	353,533.
UNAMORTIZED LOSS ON DEBT REFUNDING	234,115.	0.
NET PENSION LIABILITY	2,858,766.	2,427,121.
NET OPEB LIABILITY	643,406.	476,040.
LEASE RECEIVABLES	0.	94,408,715.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	7,097,036.	101,303,454.

CA 199	BONDS AND NOTES PAYABLE	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
TAX-EXEMPT BONDS LIABILITIES	40,920,831.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	40,920,831.	0.

CA 199	OTHER LIABILITIES	STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET PENSION LIABILITY	11,634,331.	10,230,658.
NET OPEB LIABILITY	6,818,492.	6,978,011.
ACCOUNTS PAYABLE TO THE UNIVERSITY	872,526.	1,294,692.
SPLIT INTEREST AGREEMENTS	831,894.	583,493.
UNITRUST LIABILITY	897,815.	827,905.
UNAMORTIZED GAIN ON DEBT REFUNDING	36,134.	0.
PAYCHECK PROTECTION PROGRAM LOAN	3,795,000.	3,795,000.
LEASES	0.	92,897,456.
RIGHT TO USE LEASE OBLIGATION	0.	20,315,380.
DEFERRED REVENUE	782,017.	1,729,024.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	25,668,209.	138,651,619.

CA 199

INCOME RECORDED ON BOOKS THIS YEAR
NOT INCLUDED IN THIS RETURN

STATEMENT 13

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

-4,043,036.

TOTAL TO FORM 199, SCHEDULE M-1, LINE 7

-4,043,036.

TAXABLE YEAR
2021

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
CAL POLY POMONA FOUNDATION, INC.	95-2417645

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	99,014,244
2 Total gross income (Form 199, line 8)	2	62,836,658
3 Total expenses and disbursements (Form 199, line 9)	3	53,674,901

Part II Settle Your Account Electronically for Taxable Year 2021

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

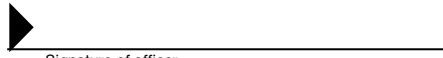
5 Routing number _____
6 Account number _____
7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

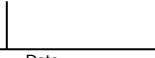
Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

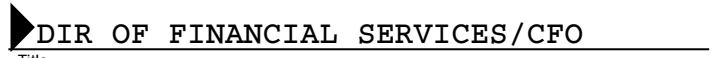
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here



Signature of officer
 

Date


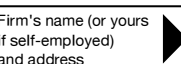


Title

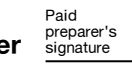
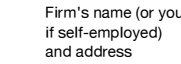
DIR OF FINANCIAL SERVICES/CFO

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature 	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00646873
Must Sign	Firm's name (or yours if self-employed) and address 	ALDRICH CPAS AND ADVISORS, LLP 1903 WRIGHT PLACE, #180 CARLSBAD, CA			Firm's FEIN 93-0623286 ZIP code 92008

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN P00646873	
Must Sign	Firm's name (or yours if self-employed) and address 	ALDRICH CPAS AND ADVISORS, LLP 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA			Firm's FEIN 93-0623286 ZIP code 92108

California Exempt Organization Business Income Tax Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) **07/01/2021**, and ending (mm/dd/yyyy) **06/30/2022**

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 PONOMA 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 **SEE STATEMENT 14**
- 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), 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 _____
- 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	3,404	00
	2	Mult. In 1 by the avg. apport. pctg _____ % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	•	2		00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	•	3	3,404	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	3,404	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	•	6		00
	7	Net Operating Loss deduction. See General Information N	•	7	3,404	00
	8	Add line 6 and line 7	•	8	3,404	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	•	9	0	00
	10	Tax <u>8.84</u> % 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		00
	13	Alternative minimum tax. See General Information O	•	13		00
	14	Total tax. Add line 12 and line 13	•	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	•	15		00
	16	2021 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 2022 estimated tax	•	25		00

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	6,819,551	b Less returns and allowances		c Balance	• 1c	6,819,551	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					• 2	673,895	00
3 Gross profit. Subtract line 2 from line 1c					• 3	6,145,656	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		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 15		• 12	607,041	00
13 Total unrelated trade or business income. Add line 3 through line 12					• 13	6,752,697	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	1,292,178	00
16 Repairs					• 16	2,265,702	00
17 Bad debts					• 17		00
18 Interest					• 18		00
19 Taxes					• 19		00
20 Contributions					• 20		00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	• 21a	38,223	00				
b Less: depreciation claimed on Schedule A	• 21b		00	21		38,223	00
22 Depletion					• 22		00
23 a Contributions to deferred compensation plans					• 23a		00
b Employee benefit programs					• 23b	241,583	00
24 Other deductions			SEE STATEMENT 16		• 24	2,910,607	00
25 Total deductions. Add line 14 through line 24					• 25	6,748,293	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13					• 26	4,404	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	4,404	00
29 Specific deduction					• 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	3,404	00

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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	Date	• Telephone
		DIR OF FINANCIAL S		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	• PTIN
	DEBRA D. SMITH, CPA	01/26/23	<input type="checkbox"/>	P00646873
	Firm's name (or yours, if self-employed) and address			• Firm's FEIN
	ALDRICH CPAS AND ADVISORS, LLP			93-0623286
	7676 HAZARD CENTER DRIVE, STE 1300			• Telephone
	SAN DIEGO, CA 92108			(619) 810-4940
	May the FTB discuss this return with the preparer shown above? See instructions			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1		00
2	Purchases	2	673,895	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	673,895	00
6	Inventory at end of year	6		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	673,895	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes 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.

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	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:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
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
		%
		%
		%
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	(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
		(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

Schedule D Unrelated Debt-Financed Income

Table with 9 columns: 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, (b) Other deductions, 4 Amount of average acquisition indebtedness on or allocable to debt-financed property, 5 Average adjusted basis of or allocable to debt-financed property, 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

Table with 6 columns: 1 Description, 2 Amount, 3 Deductions directly connected, 4 Net investment income, column 2 less column 3, 5 Set-asides, 6 Balance of investment income, column 4 less column 5.

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

Table with 6 columns: 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). Includes sub-section for Exempt Controlled Organizations.

Table with 6 columns: 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 I, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

Table with 8 columns: 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.

Total. Enter here and on Side 2, line 10

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income from periodicals.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (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.

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

Table with 6 columns: 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.

Total. Enter here and on Side 2, Part II, line 14

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

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/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.

CA 109

NATURE OF TRADE OR BUSINESS

STATEMENT 14

A PORTION OF THE FOLLOWING SERVICES ARE CONDUCTED OUTSIDE THE FOUNDATION'S PURPOSE RETAIL, CONFERENCE, DINING, HOTEL AND FILMING.

TO FORM 109, PAGE 1

CA 109

OTHER INCOME

STATEMENT 15

DESCRIPTION

AMOUNT

HOTEL
DINING

598,235.
8,806.

TOTAL TO FORM 109, PAGE 2, LINE 12

607,041.

CA 109

OTHER DEDUCTIONS

STATEMENT 16

DESCRIPTION	AMOUNT
ADVERTISING	2,343.
UTILITIES	17,080.
OFFICE EXPENSES	165,627.
SERVICES	43,688.
INSURANCE	5,349.
TRAVEL & MEALS	859.
BANK CARD FEES	26,813.
AGRICULTURAL	221,183.
GENERAL AND ADMINISTRATION	65,485.
GENERAL AND ADMINISTR	155,134.
SERVICES	350,851.
MEALS & REFRESHMENTS	109.
RENT	911,337.
RENT	81,874.
ADVERTISING	9,955.
UTILITIES	111,143.
OFFICE EXPENSES	228,082.
TRAVEL & MEALS	1,360.
SERVICES	180,021.
INSURANCE	33,199.
BANK CARD FEES	26,440.
OTHER EXPENSES	271,957.
TRAVEL	280.
TRAVEL	145.
TRAVEL	293.
TOTAL TO FORM 109, PAGE 2, LINE 24	2,910,607.

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

Corporation name

California corporation number

CAL POLY POMONA FOUNDATION, INC.

0505207

During the taxable year the corporation incurred the NOL, the corporation was a(n): C corporation
 S corporation Exempt organization Limited liability company (electing to be taxed as a corporation)

FEIN
95-2417645

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	0	00
2	2021 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3		00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5		00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6		00

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-). If the corporation taxable income is \$1,000,000 or more, see inst	(g) Available balance	
		3,404	

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 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f)
2							
			SEE STATEMENT 17				

Current Year NOLs

Year	Type of NOL	Initial loss	Carryover from 2020	Amount used in 2021	Available balance	Carryover to 2022
3 2021	DIS					col. (d) minus col. (f) See instructions.
4 2021						
2021						
2021						
2021						

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

Part III 2021 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1	3,404	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-	2	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	3	3,404	00

CA 3805Q

PRIOR YEAR NOLS

STATEMENT 17

(A) YEAR	(B) CODE (D) LOSS	(C) TYPE OF NOL (E) C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G) AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR
2008		GEN			
	173,477.	173,477.	3,404.	0.	170,073.
2009		GEN			
	133,631.	133,631.	0.	0.	133,631.
2010		GEN			
	24,187.	24,187.	0.	0.	24,187.
2011		GEN			
	20,326.	20,326.	0.	0.	20,326.
2012		GEN			
	92,279.	92,279.	0.	0.	92,279.
2015		GEN			
	343,612.	343,612.	0.	0.	343,612.
2016		GEN			
	235,506.	235,506.	0.	0.	235,506.
2017		GEN			
	138,848.	138,848.	0.	0.	138,848.
2019		GEN			
	840,696.	840,696.	0.	0.	840,696.
2019		GEN			
	881,261.	881,261.	0.	0.	881,261.
2020		GEN			
	215,605.	215,605.	0.	0.	215,605.
TOTALS		3,099,428.	3,404.		3,096,024.

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

**Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p><u>CAL POLY POMONA FOUNDATION, INC.</u> Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><u>3801 WEST TEMPLE AVE PONOMA BLDG #55</u> Address (Number and Street)</p> <p><u>POMONA, CA 91768-4038</u> City or Town, State, and ZIP Code</p> <p><u>909-869-2950</u> Telephone Number</p> <p><u></u> E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <u>CT008241</u></p> <p>Corporation or Organization No. <u>0505207</u></p> <p>Federal Employer ID No. <u>95-2417645</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 62,836,658 Noncash Contributions \$ 0 Total Assets \$ 190,787,176
 Program Expenses \$ 43,300,954 Total Expenses \$ 53,674,901

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

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.

	Yes	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?		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 18	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

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

<u>JOANNE MATHEW</u>	DIR OF FINANCIAL SERVICES		
Signature of Authorized Agent	Printed Name	Title	Date

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
8260 LONGLEAF DR. BLDG C, ELK GROVE, CA 95758

CA DEPARTMENT OF FORESTRY AND FIRE PROTECTION
1234 E. SHAW AVENUE, FRESNO, CA 93710

IMPERIAL COUNTY OFFICE OF EDUCATION
1398 SPERBER ROAD, EL CENTRO, CA 92243

LOS ANGELES COUNTY OFFICE OF EDUCATION
9300 IMPERIAL HIGHWAY, DOWNEY, CA 90242-2890

NASA
SHARED SERVICES CENTER, BUILDING 1111, JERRY HLASS ROAD, STENNIS SPACE CENTER,
MS 39529-0001

NATIONAL INSTITUTE OF HEALTH
PO BOX 6021, ROCKVILLE, MD 20852

OFFICE OF NAVAL RESEARCH
875 N. RANDOLPH ST. SUITE 1425, ARLINGTON, VA 22203

STATE OF CALIFORNIA-OFFICE OF TRAFFIC SAFETY
2208 KAUSEN DRIVE, SUITE 300, ELK GROVE, CA 95758

UNITED STATES DEPARTMENT OF AGRICULTURE
1400 INDEPENDENCE AVENUE, SW, ROOM 329, WASHINGTON, D.C. 20250-3700

UNITED STATES DEPARTMENT OF EDUCATION
400 MARYLAND AVENUE, SW, WASHINGTON, D.C. 20202



Memorandum

Date: February 15, 2023

To: Finance & Investment Committee

From: Joanne Mathew, Director of Financial Services/CFO
Andrew Price & Karin Longhurst, Graystone

Attached: Graystone Consulting Portfolio – Morgan Stanley
Commonfund Investment Report

Subject: INVESTMENT HIGHLIGHTS – Second Quarter 2022-2023

The Foundation's General Investment Policy 131 requires a comprehensive quarterly report of the investment portfolio's performance be provided to the members of the Finance & Investment Committee and Board of Directors at each regularly scheduled meeting.

GENERAL INVESTMENT PORTFOLIO

The General Investment Portfolio ("Portfolio") has a current total market value of \$31.4M as of December 31, 2022. The majority portion managed by Graystone Consulting has a current market value of \$26.3M with 24.9% Fixed Income, 52.3% Equities, 22.5% Alternatives, and 0.3% Cash. All allocations are within current policy ranges. The return over the last quarter was 0.45% (gross) and -16.48% over the last twelve months (12/31/21-12/31/22). Additional information is included in the report provided by Graystone.

Management received capital call notices and has contributed \$236,250 against its commitment of \$250,000 to Capital Partners IV and \$699,375 against its commitment of \$750,000 to Capital Private Equity Partners VII. The value of the Non-Marketable investments are \$291,442. The CommonFund Summary Investment and Performance Reports are available for further details.

During Q2 2022-23, the foundation opened a MSPBNA Preferred Savings account. The current balance and APY are \$4.5M and 3.5%, respectively.

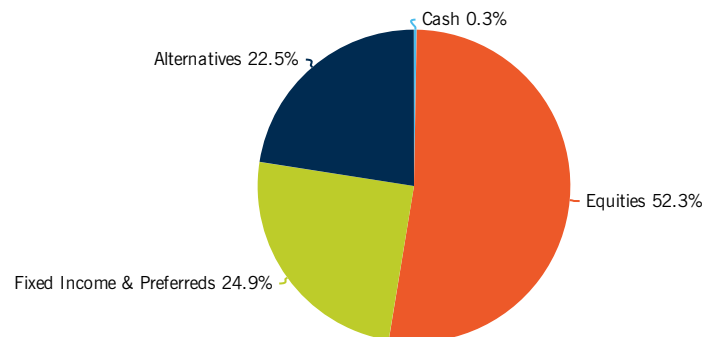
BE IT RESOLVED, that the members of the Finance & Investment Committee have reviewed the comprehensive quarterly investment report, believe the report is in compliance with the investment policy, and recommends the quarterly investment report be presented to the Board of Directors for approval at their next regularly scheduled meeting.

PASSED AND ADOPTED THIS 15TH DAY OF FEBRUARY 2023.

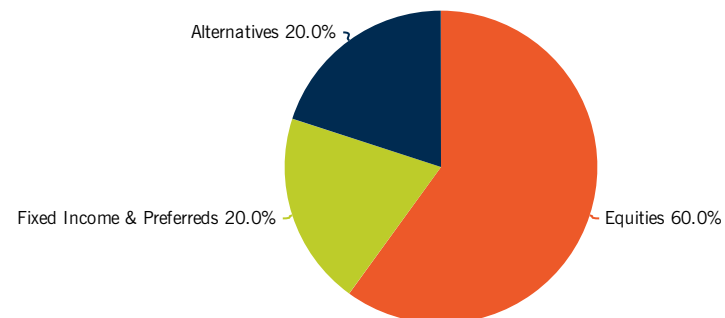
By: _____
Ysabel Trinidad, Chair
Finance & Investment Committee

ACTUAL VS. TARGET

Actual

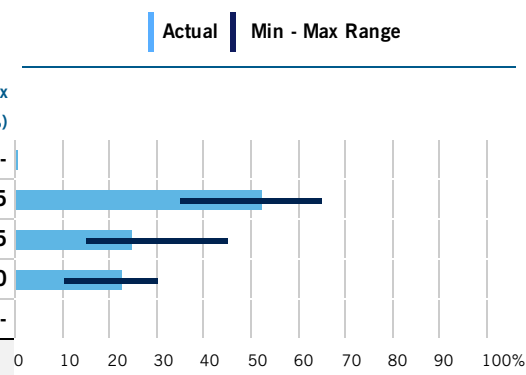


Target



ASSET ALLOCATION: ACTUAL VS. TARGET WITH MIN-MAX RANGE

Asset Class	Actual 12/31/2022		Target		Difference		Min-Max Range (%)
	(\$)	(%)	(\$)	(%)	(\$)	(%)	
Cash	77,321.91	0.29	0.00	0.00	77,321.91	0.29	-
Equities	13,800,364.55	52.30	15,831,295.71	60.00	-2,030,931.15	-7.70	35 - 65
Fixed Income & Preferreds	6,562,300.90	24.87	5,277,098.57	20.00	1,285,202.33	4.87	15 - 45
Alternatives	5,945,505.48	22.53	5,277,098.57	20.00	668,406.91	2.53	10 - 30
Other	0.00	0.00	0.00	0.00	0.00	0.00	-
Total Assets	26,385,492.84	100.00	26,385,492.84	100.00			

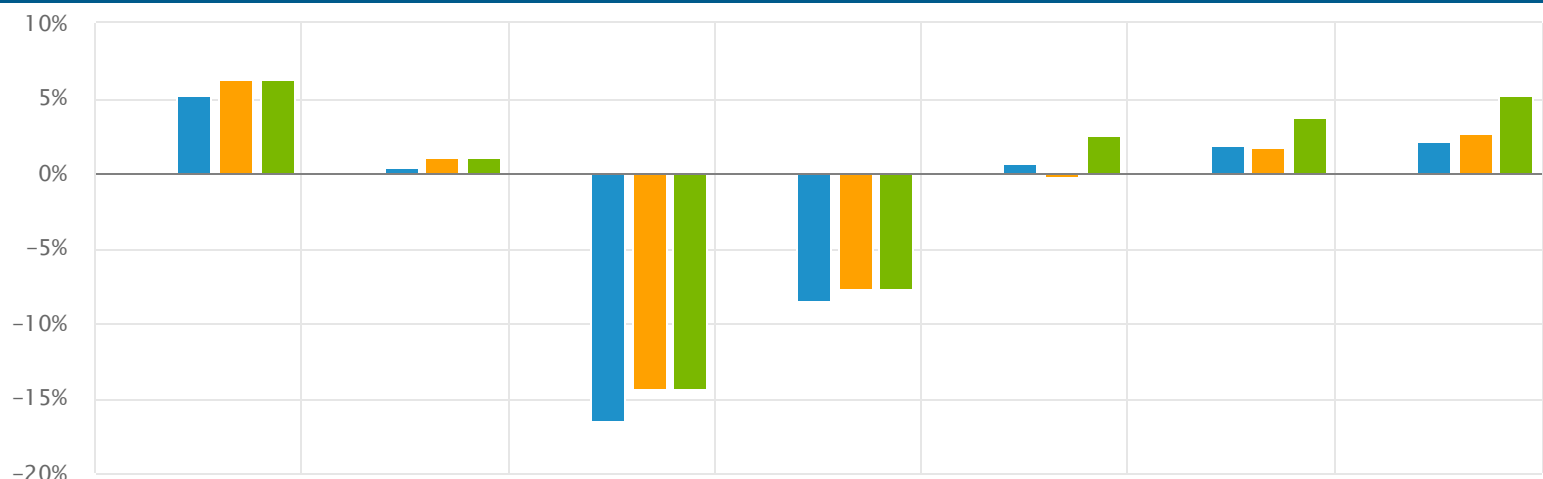


Target Allocation as determined by you and your Financial Advisor for this account only.
Total Value and % of Portfolio are based on US Dollar values.

OCIO - Cal Poly Pomona Foundation

As of December 31, 2022 | Reporting Currency: USD

RETURN % (NET OF FEES) VS. BENCHMARKS (ANNUALIZED)



	Quarter to Date 09/30/22 - 12/31/22	Fiscal YTD 06/30/22 - 12/31/22	Last 12 Months 12/31/21 - 12/31/22	FY 2022 06/30/21 - 12/31/22	Last 3 Years 12/31/19 - 12/31/22	Last 5 Years 12/31/17 - 12/31/22	Performance Inception Month End 03/31/13 - 12/31/22
Beginning Total Value (\$)	27,843,624.59	26,257,755.77	31,582,307.59	30,561,867.95	27,646,068.44	55,271,179.64	24,506,768.54
Net Contributions/Withdrawals (\$)	-3,023,543.84	-23,543.84	-23,543.84	-446,384.01	-1,996,625.22	-32,854,909.01	-7,521,762.74
Investment Earnings (\$)	1,518,370.24	104,239.05	-5,220,312.77	-3,777,032.96	689,007.76	3,922,180.35	9,353,445.18
Ending Total Value (\$)	26,338,450.98	26,338,450.98	26,338,450.98	26,338,450.98	26,338,450.98	26,338,450.98	26,338,450.98
Return % (Net of Fees)	5.16	0.45	-16.48	-8.53	0.72	1.87	2.16
Allocation Over Time (%)	6.29	1.12	-14.34	-7.79	-0.14	1.78	2.64
Cal Poly Pomona Policy BM (%)	6.29	1.12	-14.34	-7.79	2.57	3.70	5.18

The investment returns shown on this page are time-weighted measurements which exclude the effect of the timing and amount of your contributions and withdrawals.

OCIO - Cal Poly Pomona Foundation

As of December 31, 2022 | Reporting Currency: USD

RETURN % (GROSS OF FEES) VS. BENCHMARKS

Account Number	Investment Description/ Benchmark	Performance Inception Date	Total Value (\$) 12/31/22	% Of Portfolio 12/31/22	Quarter to Date (%) 09/30/22 - 12/31/22	Fiscal YTD (%) 06/30/22 - 12/31/22	Last 12 Months (%) 12/31/21 - 12/31/22	FY 2022 (%) 06/30/21 - 06/30/22	Last 3 Years (%) 12/31/19 - 12/31/22	Last 5 Years (%) 12/31/17 - 12/31/22	Performance Inception Month End (%) to 12/31/22
US Large Cap Growth			2,826,724.42	10.77							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	Vanguard Growth ETF <i>CRSP Lg Cap Gr</i>	12/22/21	1,660,433.31	6.33	-0.18 -0.15	-4.44 -3.93	-32.79 -33.13	-	-	-	-32.79 -33.13
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	Brown Advisory LC Sustain Grth <i>Russell 1000 Gr</i>	05/21/21	712,725.98	2.71	2.24 2.20	-2.72 -1.48	-30.69 -29.14	-18.56 -18.77	-	-	-9.56 -9.72
Polen Large Cap Growth Equity <i>Russell 1000 Gr</i>		05/21/21	453,565.13	1.73	0.53 2.20	-4.81 -1.48	-37.08 -29.14	-28.67 -18.77	-	-	-17.63 -8.91
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	Polen Large Cap Growth Equity <i>Russell 1000 Gr</i>	05/21/21	453,565.13	1.73	0.53 2.20	-4.81 -1.48	-37.08 -29.14	-28.67 -18.77	-	-	-18.78 -9.72
US Large Cap Value			4,161,334.45	15.85							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	ClearBridge Large Value ESG <i>Russell 1000 Value</i>	05/21/21	1,671,834.88	6.37	14.95 12.42	9.35 6.11	-11.40 -7.54	-12.65 -6.82	-	-	-3.14 -1.43
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	Boston Partners LC Value <i>Russell 1000 Value</i>	05/21/21	1,657,334.84	6.31	12.09 12.42	5.33 6.11	-9.74 -7.54	-7.73 -6.82	-	-	-3.06 -1.43
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	Vanguard Value ETF <i>CRSP Lg VL</i>	12/22/21	832,164.73	3.17	14.61 14.68	8.50 8.12	-1.70 -2.01	-	-	-	-1.70 -2.01
US Small Cap Value			520,612.89	1.98							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	Neuberger SC Intrinsic Value <i>Russell 2000 VL</i>	04/18/22	520,612.89	1.98	8.25 8.42	3.72 3.42	-	-	-	-	-9.92 -5.01
US Mid Cap			630,491.75	2.40							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	Earnest Prnts Small/Mid Core <i>Russell Midcap</i>	05/21/21	630,491.75	2.40	8.01 9.18	4.64 5.43	-13.49 -17.32	-8.91 -17.30	-	-	-3.75 -7.44
International Equities			3,138,351.66	11.95							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	T. Rowe Price Intl Eqty ADR <i>MSCI EAFE Net</i>	07/20/22	1,571,110.06	5.98	17.11 17.34	-	-	-	-	-	-0.49 1.31

Inception dates for advisory account(s) reflect the most recent advisory program or discretion change. The investment returns shown on this page are time-weighted measurements which exclude the effect of the timing and amount of your contributions and withdrawals. Year to Date(YTD), Quarter to Date(QTD) and Month to Date(MTD): Returns are for the period in which position or account was open.

OCIO - Cal Poly Pomona Foundation

As of December 31, 2022 | Reporting Currency: USD

RETURN % (GROSS OF FEES) VS. BENCHMARKS (Continued)

	Account Number	Investment Description/ Benchmark	Performance Inception Date	Total Value (\$) 12/31/22	% Of Portfolio 12/31/22	Quarter to Date (%) 09/30/22 - 12/31/22	Fiscal YTD (%) 06/30/22 - 12/31/22	Last 12 Months (%) 12/31/21 - 12/31/22	FY 2022 (%) 06/30/21 - 06/30/22	Last 3 Years (%) 12/31/19 - 12/31/22	Last 5 Years (%) 12/31/17 - 12/31/22	Performance Inception Month End (%) to 12/31/22
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	iShares ESG Aware MSCI EAFE <i>MSCI EAFE ESG Focus NR USD</i>	05/21/21	1,567,241.60	5.97	17.61 17.24	5.30 6.26	-15.17 -14.93	-18.12 -17.88	- -	- -	-9.66 -8.93
Japan Equities				378,403.29	1.44							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	iShares MSCI Japan <i>MSCI Japan Net</i>	04/18/22	378,403.29	1.44	11.70 13.23	3.21 4.54	- -	- -	- -	- -	-2.72 -2.13
Emerging Market Equities				2,144,525.08	8.17							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	iShares ESG Aware MSCI EM <i>MSCI EM ESG Focus NR USD</i>	05/21/21	1,352,819.23	5.15	10.51 9.96	-5.18 -4.20	-22.07 -22.11	-25.54 -26.43	- -	- -	-19.02 -19.64
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	Martin Currie Emerging Markets <i>MSCI EM Net</i>	05/21/21	791,705.85	3.02	11.55 9.70	-1.24 -2.99	-25.39 -20.09	-31.45 -25.28	- -	- -	-20.94 -17.71
Short Term Fixed Income				1,621,501.86	6.18							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	Vanguard Short Term Corp Bond <i>BC Corp 1-5 Yr</i>	07/20/22	1,044,705.98	3.98	2.14 1.95	- -	- -	- -	- -	- -	-1.63 -1.52
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	Vanguard Short-Term Treasury <i>BC TSY 1-3 Yr</i>	08/30/22	576,795.88	2.20	0.70 0.73	- -	- -	- -	- -	- -	-0.49 -0.45
Long Term Govt/Corp				311,029.41	1.18							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	iShares BC 20 Plus Treas Bd <i>ICE US Treasury 20+ yr Bd</i>	04/18/22	311,029.41	1.18	-1.69 -1.37	-11.80 -11.98	- -	- -	- -	- -	-14.88 -14.86
Securitized				1,391,643.03	5.30							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	JP Morgan Mort Backed Sec Fd <i>BC MBS Fixed Rate</i>	07/20/22	1,391,643.03	5.30	1.40 2.14	- -	- -	- -	- -	- -	-4.98 -6.33
US Taxable Core				3,243,349.51	12.35							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	Western Core Plus Bond Fd <i>Barclays Aggregate</i>	04/20/22	1,435,450.77	5.47	3.22 1.87	-3.22 -2.97	- -	- -	- -	- -	-5.78 -3.87

Inception dates for advisory account(s) reflect the most recent advisory program or discretion change. The investment returns shown on this page are time-weighted measurements which exclude the effect of the timing and amount of your contributions and withdrawals. Year to Date(YTD), Quarter to Date(QTD) and Month to Date(MTD): Returns are for the period in which position or account was open.

TIME WEIGHTED PERFORMANCE DETAIL - ADVISORY ASSETS

OCIO - Cal Poly Pomona Foundation

As of December 31, 2022 | Reporting Currency: USD

RETURN % (GROSS OF FEES) VS. BENCHMARKS (Continued)

						Quarter to Date (%)	Fiscal YTD (%)	Last 12 Months (%)	FY 2022 (%)	Last 3 Years (%)	Last 5 Years (%)	Performance Inception Month End (%)
	Account Number	Investment Description/ Benchmark	Performance Inception Date	Total Value (\$) 12/31/22	% Of Portfolio 12/31/22	09/30/22 - 12/31/22	06/30/22 - 12/31/22	12/31/21 - 12/31/22	06/30/21 - 06/30/22	12/31/19 - 12/31/22	12/31/17 - 12/31/22	to 12/31/22
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	iShares BC Aggregate Bond <i>Barclays Aggregate</i>	04/18/22	673,789.53	2.57	1.58	-3.19	-	-	-	-	-3.97
						1.87	-2.97	-	-	-	-	-3.87
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	iShares BC 7-10 Yr Treas Bd <i>ICE BofA Treasury 7-10 yr Bd</i>	07/20/22	596,709.40	2.27	0.58	-	-	-	-	-	-7.86
						0.98	-	-	-	-	-	-7.54
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	CCM Community Impact Bond Fund <i>Barclays Aggregate</i>	05/21/21	537,399.81	2.05	0.83	-2.91	-9.59	-7.55	-	-	-6.52
						1.87	-2.97	-13.01	-10.29	-	-	-7.98
Alternatives				5,558,106.84	21.17							
CAL POLY POMONA FOUNDATION INC (Alternative Investments Advisory) - Alternative Investments	835-XXX416	Alternative Investments Advisory <i>HFRI Fund Weighted Comp</i>	06/25/21	2,973,663.52	11.33	2.03	1.30	-6.41	-1.79	-	-	-0.35
						2.32	1.58	-4.14	-5.60	-	-	-2.75
CAL POLY POMONA FOUNDATION INC (Alternative Investments Advisory) - Hamilton Lane	835-XXX325	Alternative Investments Advisory <i>HFRI Fund Weighted Comp</i>	06/05/17	2,584,443.32	9.84	0.00	-1.92	-7.25	7.53	12.88	11.09	10.85
						2.32	1.58	-4.14	-5.60	5.71	4.44	4.93
Managed Futures				325,107.39	1.24							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Unified Managed Account	835-XXX415	Abbey Capital Futures Fd <i>CS Managed Futures Hedged Fund</i>	04/18/22	325,107.39	1.24	-5.81	-0.40	-	-	-	-	2.39
						-3.43	0.46	-	-	-	-	1.54

Inception dates for advisory account(s) reflect the most recent advisory program or discretion change. The investment returns shown on this page are time-weighted measurements which exclude the effect of the timing and amount of your contributions and withdrawals. Year to Date(YTD), Quarter to Date(QTD) and Month to Date(MTD): Returns are for the period in which position or account was open.

CLIENT OVERVIEW

CAL POLY POMONA FOUNDATION PORTFOLIO ANALYSIS

REPORTING DATE: FEB 2023

CLIENT PROFILE

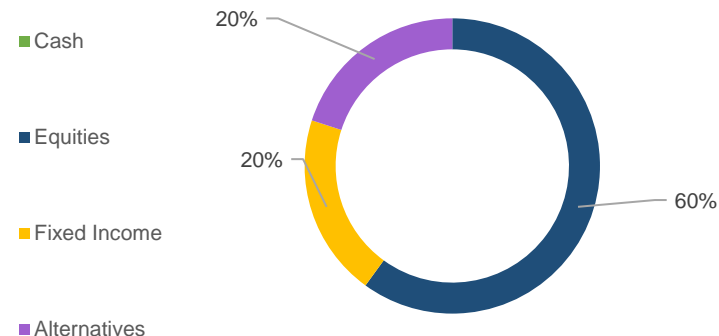
Client Name	Cal Poly Pomona Foundation
Client Type	Endowment, Educational
Portfolio Value	26,338,451
Tax Status	Tax-Exempt

INVESTMENT POLICY STATEMENT

ACCOUNTS INCLUDED

XXX-XXXX16	(2,984,248)
XXX-XXXX46	(75,500)
XXX-XXXX25	(2,585,061)
XXX-XXXX15	(20,693,642)

POLICY BENCHMARK ASSET ALLOCATION



POLICY BENCHMARK INDICES

INDEX NAME	WEIGHT
FIXED INCOME	20.0%
<i>Bloomberg Barclays US Agg TR UH</i>	20.0%
EQUITIES	60.0%
<i>MSCI AC World Net TR</i>	60.0%
ALTERNATIVES	20.0%
<i>HFRX Global Hedge Fund</i>	20.0%

Indices are unmanaged and not available for direct investment

Past performance is no guarantee of future results. Estimates of future performance are based on assumptions that may not be realized. This material is not a solicitation of any offer to buy or sell any security or other financial instrument or to participate in any trading strategy. Please refer to important information, disclosures and qualifications at the end of this material.

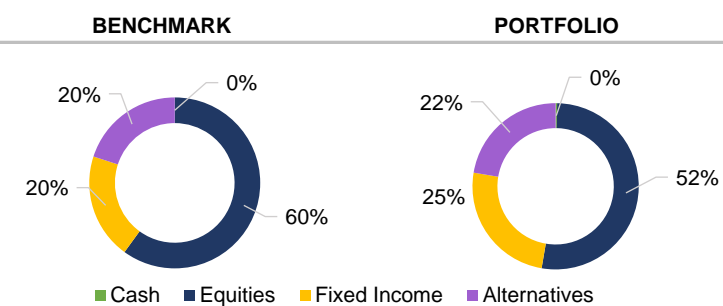
OCIO PORTFOLIO POSITIONING

CAL POLY POMONA FOUNDATION PORTFOLIO ANALYSIS

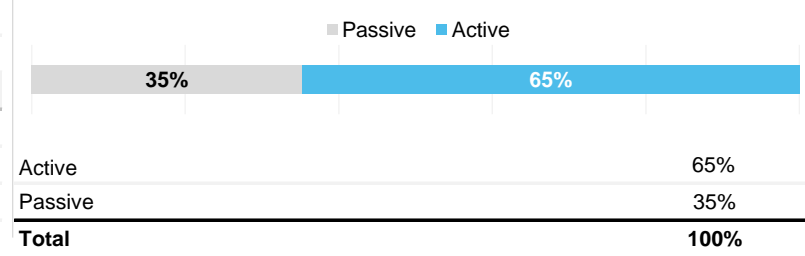
REPORTING DATE: FEB 2023

PORTFOLIO POSITIONING VS. POLICY BENCHMARK

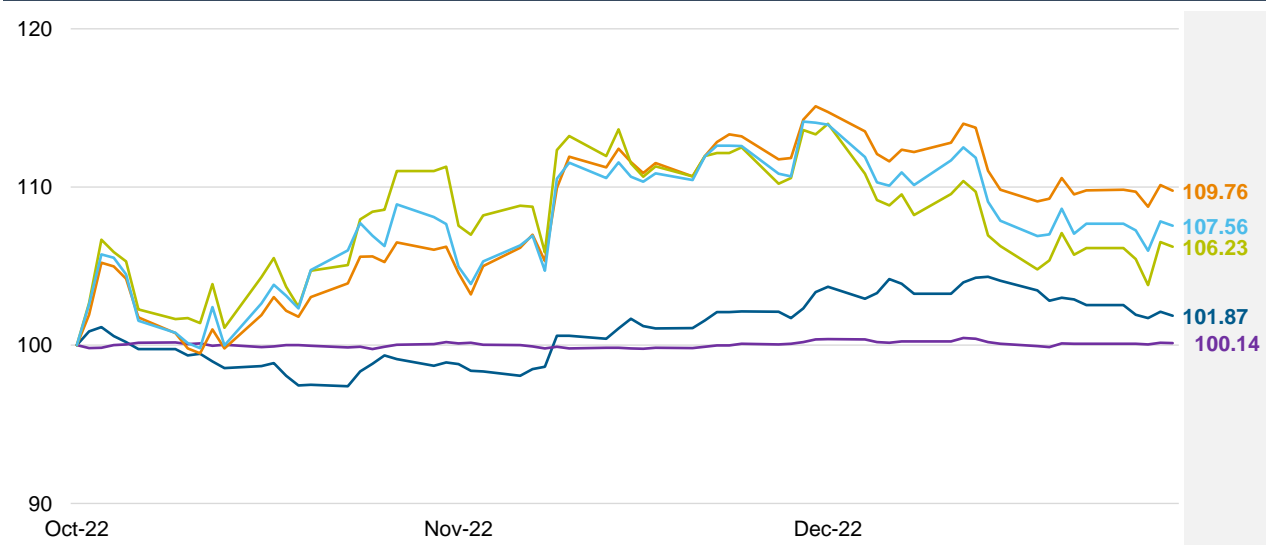
ASSET CLASS	BENCHMARK	PORTFOLIO	UNDERWEIGHT	NEUTRAL	OVERWEIGHT
Cash	-	0.3%		■	
Equities	60.0%	52.4%	■		
US Large Cap	32.2%	26.5%	■		
US SMID Cap	4.0%	4.4%		■	
International	17.0%	13.4%	■		
Emerging Market	6.7%	8.1%			■
Fixed Income	20.0%	24.9%			■
Investment Grade FI	20.0%	24.9%			■
Non-US Fixed Income	-	-			
Sub-Investment Grade FI	-	-			
Tax Exempt Fixed Income	-	-			
Alternatives	20.0%	22.4%			■
Real Assets	-	-			
Hedged Strategies	20.0%	8.1%	■		
Private Investments	-	14.3%			■



ACTIVE/PASSIVE ALLOCATION



MARKET INDICES PERFORMANCE



INDEX (Total Return Indices)	10/3/22 - 12/30/22
Barclays U.S. Aggregate	1.87%
S&P 500	7.56%
Russell 2000	6.23%
MSCI All-Country World	9.76%
HFRX Global Hedge Fund	0.14%

Indices are unmanaged and not available for direct investment

Past performance is no guarantee of future results. Estimates of future performance are based on assumptions that may not be realized. This material is not a solicitation of any offer to buy or sell any security or other financial instrument or to participate in any trading strategy. Please refer to important information, disclosures and qualifications at the end of this material.

All Accounts

ACCOUNT SUMMARY AS OF 12/31/2022

	Vintage Year	Capital Committed	Capital Called	Remaining Capital to be Called	Capital Distributions	Capital Balance	Multiple	IRR	Value Date
General Fund - 06									
Commonfund Real Estate									
Realty Investors 2004-12 (Tranche)	2005	\$1,500,000	\$1,500,000	\$0	(\$283,096)		0.2	-26.2%	
Total Commonfund Real Estate		\$1,500,000	\$1,500,000	\$0	(\$283,096)		0.2	-26.2%	
US Private Equity									
Private Equity Partners VII	2007	\$750,000	\$699,375	\$50,625	(\$1,367,751)	\$223,177	2.3	14.0%	9/30/2022
Total US Private Equity		\$750,000	\$699,375	\$50,625	(\$1,367,751)	\$223,177	2.3	14.0%	9/30/2022
Multi-Asset									
Capital Partners IV	2007	\$250,000	\$236,250	\$13,750	(\$393,047)	\$68,265	1.9	10.1%	9/30/2022
Total Multi-Asset		\$250,000	\$236,250	\$13,750	(\$393,047)	\$68,265	1.9	10.1%	9/30/2022
Total General Fund - 06		\$2,500,000	\$2,435,625	\$64,375	(\$2,043,894)	\$291,442	0.9	-0.6%	9/30/2022
Grand Total		\$2,500,000	\$2,435,625	\$64,375	(\$2,043,894)	\$291,442	0.9	-0.6%	9/30/2022

Explanatory Notes:

- Performance data is net of all fees and carried interest. Transaction flows and capital for these funds are included in the appropriate totals.
- Multiple, also referred to as TVPI, total value to invested capital net of the general partners and special limited partners (Capital Distributions + Capital Balance/Capital Distributions).
- Each partnership's net IRR (Internal Rate of Return) should be evaluated in light of information on such partnership's investment program, the risks associated therewith, and partnership performance as disclosed in the respective Offering Memorandum and Annual and Quarterly Reports. Return information calculated on a dollar-weighted (e.g., internal rate of return), since inception basis, which is standard for the private capital industry, rather than the time-weighted (e.g., annual or other period rate of return) basis. Comparison of returns calculated on a net IRR basis with returns on a time-weighted basis is not appropriate. There can be no assurance that unrealized investments ultimately will be realized at the valuations used in calculating net IRRs or Net Multiples or that the calculated net IRRs will be obtained. Actual realized returns will depend on, among other factors, future operating results, the value of assets and market conditions at the time of disposition, any related transaction costs and the timing and manner of sale.
- Capital Called and Capital Distributions are since inception through the report End Date.

Fund performance is depicted net of fees. Manager and strategy performance is net of sub-advisor management fees and gross of other Commonfund Fund expenses. Past performance is not indicative of future performance.

All Accounts

NON-MARKETABLE INVESTMENTS ROLL FORWARD FROM VALUE DATE TO 12/31/2022

Non-Marketable Fund	Incep. Date	Commitment	Valuation Date	Most Recent Valuation	Capital Calls since Valuation Date	Distributions since Valuation Date	Adjusted Market Value
Private Equity Partners VII	9/30/2007	\$750,000.00	9/30/2022	\$223,177.00	\$1,875.00	(\$21,461.00)	\$203,591.00
Capital Partners IV	9/30/2007	\$250,000.00	9/30/2022	\$68,265.00	\$0.00	(\$5,657.00)	\$62,608.00
Total Core Funds		\$1,000,000.00	9/30/2022	\$291,442.00	\$1,875.00	(\$27,118.00)	\$266,199.00
Non-Marketable Total		\$1,000,000.00	9/30/2022	\$291,442.00	\$1,875.00	(\$27,118.00)	\$266,199.00

Fund performance is depicted net of fees. Manager and strategy performance is net of sub-advisor management fees and gross of other Commonfund Fund expenses. Past performance is not indicative of future performance.

Memorandum



Date: February 15, 2023

To: Finance & Investment Committee

From: Jared Ceja, Executive Director/CEO
Joanne Mathew, Director of Financial Services/CFO

Attached: Capital Budget for 2023-2024 – detail by division

Subject: **Draft Capital Budget 2023-2024**

Pursuant to the Enterprise Foundation's Policy #118, Management is presenting to the Committee the Budget of capital expenditures for fiscal year 2023-2024.

Capital expenditures requested cover the divisions of the Bookstore, University Village, Dining Services, Kellogg West, Real Estate, Administration, Information Technology, Agriculture and Center for Professional and Global Education at a total amount of \$5.15M. Projects are designated as Scheduled Renewals/Security, Programmatic, Deferred Maintenance, ADA, Health & Safety, or Contractual/Legal. However, some projects may have components in other designated categories that are not reflected on the report.

RECOMMENDED ACTION:

Management is requesting that the Finance & Investment Committee approve the capital expenditure budget for 2023-2024 as presented for consideration by the Program Committee and Board of Directors.

BE IT RESOLVED, that the members of the Finance & Investment Committee have reviewed and approved the presented 2023-2024 capital expenditure budget.

BE IT FURTHER RESOLVED, that the Finance & Investment Committee forwards this resolution to the Program Committee and Board of Directors for consideration at their next scheduled meetings.

PASSED AND ADOPTED THIS 15th DAY OF FEBRUARY 2023

By: _____
Ysabel Trinidad, Chair
Finance & Investment Committee

CAL POLY POMONA FOUNDATION
2023-2024 CAPITAL EXPENDITURES BUDGET
DRAFT

Project	Division	Reserves	Requested Capital Budget Carryover to Proposed Budget Year	2023-2024 Requested Proposed Budget	Purpose	Category
130010	Bookstore		36,000		Replacement registers	Scheduled Renewals/Security
130010	Bookstore		-	10,000	Replacement workstations	Scheduled Renewals/Security
130010	Bookstore		-	30,000	Furniture and fixtures	Scheduled Renewals/Security
130010	Bookstore		45,000	30,000	Upstairs remodel + credit union build out	Programmatic
Bookstore Total		-	81,000	70,000		
180850	University Village		12,100		Replace Blinds due to damage/wear and tear: 4 bldgs.	Deferred Maintenance
180850	University Village		-	25,000	Carpet & Tile replacement	ADA Related
180850	University Village		120,889	125,000	HVAC replacement	Deferred Maintenance
180850	University Village		-	68,000	Iron work railing and pool fencing repairs, walkway repair, exterior painting	Health & Safety
180850	University Village		-	83,333	Parking light pole replacement 65 poles some below grade	Scheduled Renewals/Security
180850	University Village		-	40,000	Replace ball valves on Buildings	Scheduled Renewals/Security
180850	University Village		-	260,000	Pool Furniture + apartment furniture for multiple units + 100 twin mattresses annually	Deferred Maintenance
180850	University Village		-	75,000	Phase III elevator floor replacement - 4 Elevators	Deferred Maintenance
180850	University Village		70,000	759,067	Roof replacement - all buildings	Deferred Maintenance
180850	University Village		39,250	85,000	Community Center Village building 300 - Replace four 3.5 ton package units in house	Health & Safety
180850	University Village		8,674	50,000	Toilet replacement 100 toilets annual basis	Scheduled Renewals/Security
180850	University Village		14,976	18,000	Duct Cleaning Phase I: 3 bldgs.	Health & Safety
180850	University Village		15,088	18,000	Repair Stairwells due to broken or damaged stair treads	ADA Related
180850	University Village		14,900	85,000	Painting: 24 apts. Interior only due to damage/wear and tear	Scheduled Renewals/Security
University Village Total		-	295,877	1,691,400		
170104	Innovation Brew Works		73,400		Update HVAC system to keep the IBW space cool during the summer, exhaust fan to be installed and expand system	Health & Safety
170104	Innovation Brew Works		30,000		Add refrigeration space to meet increased demand. Eliminate offsite refrigeration	Programmatic
170105	Poly Fresh		40,000		Replace 4 open aired coolers and 1 Freezer, implement frictionless checkout (Zippin)	Deferred Maintenance
170101	Taco Bell		25,000		Branded QSR Concept conversion	Programmatic
170130	Centerpointe	85,000	30,000	55,000	Dining platform brand identity development	Programmatic
170130	Centerpointe	25,000	-	25,000	Nutri-Slice Menu Board display system	Programmatic
170130	Centerpointe	35,000	-	35,000	new Recipe, inventory, menu management system	Programmatic
170130	Centerpointe	45,000	-	45,000	Food Lockers and ordering kiosks	Programmatic
170107	Mini Poly Trolley (SSB)		-	85,000	Electric mobile café serving beverages, sandwiches and burritos.	Programmatic
170130	Vending-Micro Fridge		-	35,000	RFID fresh food vending for food desserts	Programmatic
Dining Services Total		190,000	198,400	280,000		
280510	Kellogg West Conf Center & Hotel		100,000		Exterior/Landscape remodel - deteriorating at the entry and perimeter of Kellogg West	Health & Safety
280510	Kellogg West Conf Center & Hotel		575,000		Roof repair	Deferred Maintenance
280510	Kellogg West Conf Center & Hotel		150,000		Carpet replacement	Deferred Maintenance
280510	Kellogg West Conf Center & Hotel		500,000		Fire/life safety system replacement	Health & Safety
280510	Kellogg West Conf Center & Hotel		-	90,000	Upgrade to old Audio Visual systems within the conference center	Programmatic
280510	Kellogg West Conf Center & Hotel		-	90,000	Replace existing low temp dish machine - High temp machine will not cause corrosion and will clean dishes	Deferred Maintenance
280510	Kellogg West Conf Center & Hotel		-	25,000	Purchase and upgrade smallwares, serviceware and catering equipment	Programmatic
280510	Kellogg West Conf Center & Hotel		-	750,000	Contingency to support campus work on buildings	Deferred Maintenance
Kellogg West Total		-	1,325,000	955,000		
190040	Executive Administration		50,000		Select door, window, and flooring upgrades to rectify leaks and safety issues (2021-22)	Deferred Maintenance
190040	Executive Administration		20,000		Bldg. 55 Wall & Paint Refresh. Walls damaged and marked, last painted in 2014.	Deferred Maintenance
190040	Executive Administration		15,000	5,500	Additional costs for roof sealing of building 55	Deferred Maintenance
190040	Executive Administration		-	26,125	Repair/replace portions of damaged patio/entrance coverings	Deferred Maintenance
TBD	General		-	525,000	Emergency & unanticipated needs	Programmatic
190044	Marketing		-	10,000	Workstation renewals	Scheduled Renewals/Security
190110	Human Resources		-	45,000	Kronos Timeclocks+interfaces+equipment	Scheduled Renewals/Security
Administration Total		-	85,000	611,625		
190010	Information Technology		30,000		Grants Module Implementation: Purchase and implement the OneSolution grants module.	Programmatic
190010	Information Technology		30,000		Budget application and implementation	Programmatic
190030	Information Technology		20,000		Migration to POD IAAS - Hardware migration expenses related to moving equipment from b55 to new POD co-location facility	Programmatic
190030	Information Technology		10,000	15,000	UKG Workforce Ready - Updates	Scheduled Renewals/Security
190030	Information Technology		15,000	10,000	Migration to POD Datacenter: Hardware migration expenses related to moving equipment from b55 to new POD co-location facility	Scheduled Renewals/Security
190030	Information Technology		16,000	14,000	VM Host Installation: Add a 4th host to our VM infrastructure	Scheduled Renewals/Security

Project	Division	Reserves	Requested Capital Budget Carryover to Proposed Budget Year	2023-2024 Requested Proposed Budget	Purpose	Category
190030	Information Technology		15,000	20,000	Laptop Rollout: IT to continue offering laptops as workstations replacements	Scheduled Renewals/Security
190030	Information Technology		-	25,000	PCI Consultant: PCI DSS3.2.1 to 4.0, help with the uplift.	Contractual/Legal
280510	Information Technology		-	30,000	Honeywell Server Upgrade - end of life at the end of 2023	Scheduled Renewals/Security
190030	Information Technology		-	15,000	Marketing Storage Server - upgrade network attached storage server to an enterprise level server.	Scheduled Renewals/Security
190030	Information Technology		-	30,000	Enterprise Workstation & Equipment Refresh	Scheduled Renewals/Security
Information Technology Total		-	136,000	159,000		
220080	Center for Training Technology and Incubation		13,000	2,000	Carpet replacement for tenant suites at CTTI	Scheduled Renewals/Security
130010	Bldg. 66 Bookstore Side		-	42,320	Roof re-coat needed to seal any openings	Deferred Maintenance
200660	Bldg. 66 Classroom Side		-	42,320	Roof re-coat needed to seal any openings	Deferred Maintenance
190970	Building 97		-	45,556	Roof re-coat needed to seal any openings	Deferred Maintenance
170500	Building 97 - Dining		-	45,556	Roof re-coat needed to seal any openings	Deferred Maintenance
190970	Building 97		-	200,000	Firewall Extention/ Code Update affecting Classroom 120	Health & Safety
170080	Facilities		-	25,000	Additional used utility Vehicle needed for facilities technicians	Programmatic
Real Estate Activities Total		-	13,000	402,753		
016200	Agronomy Farm		36,000		3-Row Direct Seeder - replace hand seeding and weeding labor	Programmatic
016200	Agronomy Farm		16,500		Replace 70 year old Corn Sprayer.	Deferred Maintenance
016200	Agronomy Farm		20,000		4 Seat 4x4 Utility Vehicle w/Dump Trailer. Replace Stolen Vehicle at Spadra.	Deferred Maintenance
016200	Agronomy Farm		65,000		Off-Road 4x4 Forklift - increase field related work, avoid rental costs	Programmatic
320300	Ornamental Horticulture		170,000		Replacing 20 year old shade curtains - essential to growing quality plants for both retail sales and class/student projects	Deferred Maintenance
320300	Ornamental Horticulture		140,000		Greenhouse Pad Vent Support Repair - deteriorating due to age and outside conditions	Deferred Maintenance
320300	Ornamental Horticulture		8,000		Update faulty exterior Greenhouse lighting, increases student/staff safety	Scheduled Renewals/Security
320300	Ornamental Horticulture		4,000		Greenhouse and Nursery Cameras - reduce theft	Scheduled Renewals/Security
462530	Westwind Ranch		27,000		Water Mainline Pipe - for connection to alternate water source	Programmatic
462610	Agriscapes Outreach		44,000		Cargo Van - increase farm produce delivery	Programmatic
020010 & 420010	AVS Cattle & Sheep Units		-	206,250	New barn to replace current old barn	Deferred Maintenance
260220	Farm Store		-	5,000	Purchase of a surveillance system that includes cameras for the Farm Store. Reduce theft.	Scheduled Renewals/Security
016200	Agronomy Farm		-	40,000	Westwind Irrigation Upgrade - repair and replace aging underground irrigation filtration systems	Deferred Maintenance
016200	Agronomy Farm		-	155,000	Replace antique produce washing lines - increase washing volume and effectiveness, and worker safety	Deferred Maintenance
016200	Agronomy Farm		-	80,000	Citrus and Avocado Sizing Line - Multi-purpose weight sorter that can handle various fruit varieties	Programmatic
016200	Agronomy Farm		-	55,000	Vegetable Wash Line - increase washing volume and effectiveness, and increase worker safety	Deferred Maintenance
016200	Agronomy Farm		-	25,000	Multipurpose Spray Washer - clean and sanitize harvest crates between harvests	Deferred Maintenance
016200	Agronomy Farm		-	19,000	Zero Turn Mower - efficiently mow weeds in small areas, orchards, turf, and experimental plots	Programmatic
016200	Agronomy Farm		-	5,000	14' Utility trailer - haul utility vehicle and zero turn mower to various locations across campus	Programmatic
016200	Agronomy Farm		-	87,000	Replace existing forklift that is far past its useful life and undersized for safe operation	Deferred Maintenance
016200	Agronomy Farm		-	30,000	Baler for plastic recycling	Programmatic
016200	Agronomy Farm		-	10,000	Hydraweeder - reduce hand weeding in certain crops and speed up the weeding process.	Programmatic
016200	Agronomy Farm		-	6,000	Pallet scale - To weigh all incoming and outgoing produce	Programmatic
193040	Pine Tree Ranch		-	22,000	Variable Speed Drive water pump to eliminate run-off due to excess volume	Deferred Maintenance
462610	Agriscapes Outreach		-	32,000	Tuff Shed or Similar to provide additional space for event & farming equipment	Programmatic
Agriculture Total		-	530,500	777,250		
283500	CPGE		-	150,000	International Village Consultant 50% FDN	Scheduled Renewals/Security
CPGE Total		-	-	150,000		
Grand Total		190,000	2,664,777	5,097,029		

Prior Years & Proposed Capital Budget
Capital Funding from Reserves
Capital Funding from Operations

\$ 7,761,806
190,000
\$ 7,571,806



Budget 2023-2024 Assumptions

General Information

Capital Budget process is in progress and is managed separately

Board approval February 22, 2023

Operating Budget

Board approval May 22, 2023

Actuals for FY22-23 will be provided to December 2022

Depreciation will be added to operating budget by Financial Services

Meeting dates for departments March 13-31

OneSolution reports to use for additional information:

COG GL Budget Comparison Summary (budcomph) - *As of December 2022 saved in your budget folder*

COG 03 - Income Statement by Month - Budgets and Actuals

University related assumptions

For programs that base their revenues on in-session classes, use calendar link below:

[Academic calendar](#)

Enrollment	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	FY 27-28
Academic Year FTE	22,354	21,981	21,981	21,981	21,981	21,981
Headcount						
Summer	762	762				
Fall	27,173	26,811				
Spring	24,574	24,219				
New First-time freshmen~	3,655	4,600				
New Fall transfers~	2,960	3,000				
New Spring transfers~	50	300				
<i>~impact on Bronco One Card budget</i>						

Enterprise Activities

General

Staffing and other expenses for each semester to reflect the varying foot traffic and occupancy numbers.

Inflationary increase 4.0%

On-campus foot traffic 80% of enrollment*

**Represents weighted estimated headcount on-campus daily.*

University Village

	FY 22-23	FY 23-24	FY 24-25	FY 25-26	FY 26-27	FY 27-28
Occupancy						
Capacity	1200	1200	1200	1200	1650	1650
	98%	98%	98%	98%	98%	98%

Small meal plans included as part of rent

Facilities (Real Estate)

Maintenance expenses by project based on Facilities budget totals



Budget 2023-2024 Assumptions

Events/Celebrations on campus:

Hot Dog Caper	October
Winter Wonderland - Bookstore	November
Thanksgiving meals	November
Staff holiday party	December
Other events	Include detail in budget

Staffing & Compensation

Vary staffing levels between fall, spring, and summer based on need.

Focus on student employment to the best extent possible (entry level, leads, and first-level supervision).

California minimum wage increase: Budget at \$16 per hour to accommodate potential increase effective January 1, 2024. Exempt employees must earn at least twice the minimum wage or \$32/hour.

Estimated staff wage increase	5.5%	} Will be incorporated into the budget spreadsheets
Vacation accrual	2.5%	
Worker's compensation		
Medical Benefits – employer portion increase		
Dental/vision		
Other Post-Retirement Med. Benefits increase		
Payroll Taxes and Benefits		
Students:		
Benefits	0%	
Sick leave	1%	

Other costs

Conference travel^ \$1,500 /person per trip

^Pre-approval forms to be completed prior to travel, includes travel, hotel, meals

^Use object code 7090 when related to employee professional development



Cal Poly Pomona Foundation, Inc.
Statement of Activities
July 2022 - December 2022

	REVENUES		EXPENSES - Payroll		EXPENSES - Other			EXPENSES - Total		SURPLUS/(DEFICIT)			Annual Forecast FY 22-23	Annual Budget FY 22-23	
	FY 22-23 YTD	FY 22-23 YTD	FY 22-23 YTD	FY 22-23 YTD	FY 22-23 YTD			FY 22-23 YTD	FY 22-23 YTD	FY 22-23 YTD					
	Actual	Budget	Actual	Budget	Admin Fees	Other Expense	Actual	Budget	Actual	Budget	Actual	Budget			\$ Variance
Enterprise Activities															
Dining Services	9,206,071	9,045,220	3,293,609	3,053,099	634,566	5,313,184	5,947,751	5,718,580	9,241,360	8,771,679	(35,289)	273,541	(308,830)	1,747,397	1,456,227
Bookstore	5,392,310	5,330,804	822,749	824,262	142,553	4,475,902	4,618,455	4,544,143	5,441,204	5,368,405	(48,894)	(37,601)	(11,293)	1,200,050	911,343
Kellogg West	1,891,903	2,214,566	1,338,367	1,119,041	132,750	860,660	993,410	1,250,060	2,331,777	2,369,101	(439,874)	(154,535)	(285,339)	(45,435)	297,904
University Village	5,046,880	5,116,309	1,007,014	1,216,745	317,730	2,884,460	3,202,191	2,844,344	4,209,205	4,061,089	837,676	1,055,220	(217,544)	2,786,623	3,004,167
Real Estate/Rentals	4,120,732	4,557,925	284,079	268,510	161,926	2,307,045	2,468,970	3,450,700	2,753,049	3,719,210	1,367,683	838,715	528,968	1,917,641	1,488,673
Total Enterprise Activities	25,657,896	26,264,824	6,745,817	6,481,657	1,389,525	15,841,252	17,230,777	17,807,827	23,976,595	24,289,484	1,681,302	1,975,340	(294,038)	7,606,276	7,158,314
Designated Funds	30,774	0	27,892	0	0	150,933	150,933	150,000	178,825	150,000	(148,050)	(150,000)	1,950	(300,000)	(300,000)
Support Activities															
Bronco One Card	141,536	237,739	114,498	146,373	9,200	19,121	28,321	98,201	142,819	244,574	(1,283)	(6,835)	5,552	(0)	0
Research Office	938,810	737,884	60,998	82,745	421,530	436,283	857,812	531,123	918,810	613,868	20,000	124,016	(104,017)	20,000	20,000
Agriculture	2,639,852	2,700,395	782,973	722,656	104,795	1,385,934	1,490,729	1,698,622	2,273,702	2,421,279	366,150	279,116	87,034	298,651	211,617
Continuing Education	1,026,500	808,538	648,382	727,201	46,193	174,825	221,018	300,870	869,399	1,028,071	157,101	(219,533)	376,634	(432,081)	(598,097)
Foundation Programs	2,042,009	0	459,704	0	7,634	867,438	875,072	0	1,334,776	0	707,233	0	707,233	(0)	0
Total Support Activities	6,788,707	4,484,556	2,066,556	1,678,975	589,351	2,883,601	3,472,952	2,628,816	5,539,507	4,307,791	1,249,199	176,765	1,072,435	(113,431)	(366,480)
Operating Surplus (Deficit)	32,477,377	30,749,380	8,840,265	8,160,632	1,978,876	18,875,786	20,854,662	20,586,643	29,694,926	28,747,275	2,782,451	2,002,105	780,346	7,192,844	6,491,834
Other Activities															
Investments	(11,691)	510,588	0	0	0	35,286	35,286	51,000	35,286	51,000	(46,977)	459,588	(506,565)	441,435	948,000
Administration	4,034,549	2,099,607	1,190,809	2,861,759	(1,978,876)	452,761	452,761	619,462	1,643,570	3,481,220	2,390,978	(1,381,613)	3,772,592	986,686	(2,085,906)
Total Other Activities	4,022,857	2,610,195	1,190,809	2,861,759	(1,978,876)	488,047	488,047	670,462	1,678,856	3,532,220	2,344,001	(922,025)	3,266,026	1,428,120	(1,137,906)
Unrestricted Surplus (Deficit)	36,500,234	33,359,575	10,031,074	11,022,391	0	19,363,833	21,342,709	21,257,104	31,373,783	32,279,496	5,126,452	1,080,079	4,046,372	8,620,964	5,353,928
Grants and Contracts	9,636,503	6,631,622	2,176,231	0	0	7,460,272	7,460,272	6,631,622	9,636,503	6,631,622	0	0	0	0	0
Vesting Grant Assets	0	0	0	0	0	(3,029,813)	(3,029,813)	0	(3,029,813)	0	3,029,813	0	3,029,813	0	0
Transfers	0	0	0	0	0	26,423	26,423	0	26,423	0	(26,423)	0	(26,423)	0	0
Total Foundation Net	46,136,737	39,991,197	12,207,304	11,022,391	0	23,820,715	25,799,591	27,888,726	38,006,896	38,911,118	8,129,842	1,080,079	7,049,762	8,620,964	5,353,928

Cal Poly Pomona Foundation, Inc.
Fund Balance and Net Position (Current only)
As of Dec 31, 2022

Current Assets	Unrestricted	Restricted	Total
Cash	506,532	223,268	729,800
Investments	31,401,102	1,408,030	32,809,132
Receivables	12,944,618	2,135,924	15,080,542
Lease Receivables (short-term)	864,992	-	864,992
Lease Receivables (long-term)	93,154,962	-	93,154,962
Inventories	3,059,932	12,617	3,072,550
Prepaid	856,038	1,010	857,048
Due to/from	(12,050,679)	12,048,227	(2,452)
	1,000	0	1,000
Current Assets	130,738,496	15,829,077	146,567,573

Current Liabilities	Unrestricted	Restricted	Total
Accounts Payable	4,216,489	159,813	4,376,302
Accrued Liabilities	1,609,992	1,326,074	2,936,066
Deferred Income	1,510,115	20,850	1,530,965
Other	-	934,825	934,825
Current Liabilities	7,336,596	2,441,561	9,778,158

Fund Balances	Unrestricted	Restricted	Total
Net Assets Beginning	30,427,482	12,501,869	42,929,351
Net Change in Position	37,332,680	54,811,064	92,143,744
Fund Balances	67,760,162	67,312,933	135,073,095

Note:

Restricted funds in the Foundation include sponsored programs and foundation programs

Liquidity ratios:

Current Ratio = Current Assets/Current Liabilities
Quick Ratio = (Current Assets- Inventory)/Current Liabilities
Absolute liquidity ratio : (Cash + Marketable Securities)/Current Liabilities

Liquidity Ratio	CPPF	Benchmark
Current Ratio	5.00	1.5-3
Quick Ratio	4.59	>=1
Absolute liquidity ratio	4.35	>0.5

Available Resources	
Unrestricted current assets	130,738,496
Less Inventory	(3,059,932)
Less Current Liabilities	(7,336,596)
Long-term Portion of Lease Receivables	(93,154,962)

Available Resources As of Dec 31, 2022 **27,187,006**

Operating Surplus for the period before depreciation 6,768,598

As of Dec 31, 2022 , net **33,955,604**

Forecasted operating surplus/(deficit) before depreciation at year-end 10,762,705

Total unrestricted funds forecasted to year-end **37,949,711**

Cal Poly Pomona Foundation

Cash Flow Forecast

Dec 2022 - Jun 2023

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Operating cash - Beginning Balance	3,482,141	729,800	7,957,690	4,027,400	2,248,160	2,463,837	2,673,231
Cash Inflow	Dec-22	Jan-23					
Operating cash inflow	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Cash from operations	4,503,526	8,869,282	4,540,965	5,600,638	6,190,128	7,479,863	6,253,063
Grants & Contracts	593,539	978,983	1,258,177	1,168,293	962,160	656,965	1,715,411
Financing Activities							
GIP - withdrawals	-	2,000,000	-	-	-	-	-
LOC - withdrawals	-	-	-	-	-	-	-
Other financing	-	-	-	-	-	-	-
Total Cash Inflow	5,097,065	11,848,266	5,799,142	6,768,931	7,152,288	8,136,829	7,968,474
Cash Outflow							
Operating cash outflow	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Expenses from operations	4,969,814	3,026,792	3,198,969	6,633,817	2,949,738	4,764,674	3,768,308
Salaries/wages	2,070,545	1,176,271	1,274,590	1,364,632	1,373,212	1,432,935	2,308,684
Tax/Benefit payments	794,680	368,654	605,873	499,722	413,661	679,827	714,763
Capital Expenditure							
Capital projects	10,575	48,659	150,000	50,000	200,000	50,000	150,000
Financing Activities							
GIP - deposits	-	-	4,500,000	-	2,000,000	1,000,000	1,000,000
LOC - repayment	-	-	-	-	-	-	-
LOC - interest	3,792	-	-	-	-	-	-
Lease payments	-	-	-	-	-	-	-
Other financing	-	-	-	-	-	-	-
Total Cash Outflow	7,849,405	4,620,376	9,729,432	8,548,170	6,936,611	7,927,435	7,941,755
Net Cash Activities	(2,752,340)	7,227,889	(3,930,290)	(1,779,240)	215,677	209,394	26,719
Operating cash - Ending Balance	729,800	7,957,690	4,027,400	2,248,160	2,463,837	2,673,231	2,699,950

Memorandum

Date: February 15, 2023

To: Finance & Investment Committee

From: Joanne Mathew, Director of Financial Services/CFO

Subject: CalPERS Public Agency Valuation Reports for Foundation with Selected Pages from Each Valuation Report

Attachments: (1) First Tier Plan
(2) Second Tier Plan
(3) PEPRA Miscellaneous Plan



The California Public Employee Retirement System (CalPERS) released new financial reports for the FY ending June 30, 2021 which detail the finances of CalPERS pension plans of contracting public agencies. Specific information related to the pension plans can be located on the CalPERS website under the Public Agency Valuation Report section. On that site one can locate detailed reports showing the financial status for each of the three Foundation pension plan tiers with established FY 2023-24 employer contribution rates and other important pension plan data. A summary of the most critical information follows:

- Miscellaneous First Tier Plan is based on the 2% at 55 formula
 - Estimated funding level of 90.0%
 - Projected employer contribution rate for FY 2023-24 is 13.84% of covered payroll. This is a slight cost rate increase from the FY 2022-23 rate of 12.32%
- Miscellaneous Second Tier Plan is based on 2% at 60 formula
 - Estimated funded level of 106.1%
 - Projected employer contribution rate for FY 2023-24 is 10.10%. This is a cost rate increase from the FY 2022-23 rate of 8.63%.
- PEPRA Miscellaneous Plan based on 2% at 62 formula
 - Estimated funded level of 104.3%
 - Projected employer contribution rate for FY 2023-24 is 7.68%. This is a moderate cost rate increase from the FY 2021-22 rate of 7.47%.

In plentiful years Management prefers to take a pro-active approach to pay down the UAL by making payments above the minimum required for all 3 rate plans. Additional payment is not required for the Second Tier Plan and PEPRA. No such additional payment is planned for the First Tier Plan.

Required Contributions

	Fiscal Year
Required Employer Contributions	2023-24
Employer Normal Cost Rate	13.84%
Plus	
Required Payment on Amortization Bases¹	\$881,878
<i>Paid either as</i>	
1) Monthly Payment	\$73,489.83
<i>Or</i>	
2) Annual Prepayment Option*	\$853,342
<i>The total minimum required employer contribution is the sum of the Plan's Employer Normal Cost Rate (expressed as a percentage of payroll and paid as payroll is reported) plus the Employer Unfunded Accrued Liability (UAL) Contribution Amount (billed monthly (1) or prepaid annually (2) in dollars).</i>	
<i>* Only the UAL portion of the employer contribution can be prepaid (which must be received in full no later than July 31).</i>	

	Fiscal Year	Fiscal Year
	2022-23	2023-24
Development of Normal Cost as a Percentage of Payroll		
Base Total Normal Cost for Formula	17.24%	18.76%
Surcharge for Class 1 Benefits ²		
a) EE Contribution to State Level - Covered by SS	2.00%	2.00%
Phase out of Normal Cost Difference ³	0.00%	0.00%
Plan's Total Normal Cost	19.24%	20.76%
Formula's Expected Employee Contribution Rate	6.92%	6.92%
Employer Normal Cost Rate	12.32%	13.84%

¹ The required payment on amortization bases does not take into account any additional discretionary payment made after April 29, 2022.

² Section 2 of this report contains a list of Class 1 benefits and corresponding surcharges for each benefit.

³ The normal cost change is phased out over a five-year period in accordance with the CalPERS contribution allocation policy.

Plan's Funded Status

	June 30, 2020	June 30, 2021
1. Present Value of Projected Benefits (PVB)	\$64,777,243	\$65,763,253
2. Entry Age Accrued Liability (AL)	60,797,996	61,962,574
3. Plan's Market Value of Assets (MVA)	48,922,702	55,777,946
4. Unfunded Accrued Liability (UAL) [(2) - (3)]	11,875,294	6,184,628
5. Funded Ratio [(3) / (2)]	80.5%	90.0%

The UAL and funded ratio are assessments of the need for future employer contributions based on the actuarial cost method used to fund the plan. The UAL is the present value of future employer contributions for service that has already been earned and is in addition to future normal cost contributions for active members. The funded ratio, on the other hand, is a relative measure of funded status that allows for comparison between plans of different sizes. For measures of funded status that are appropriate for assessing the sufficiency of plan assets to cover estimated termination liabilities, please see "Hypothetical Termination Liability" in the "Risk Analysis" section.

Projected Employer Contributions

The table below shows the required and projected employer contributions (before cost sharing) for the next six fiscal years. The projection assumes that all actuarial assumptions will be realized and that no further changes to assumptions, contributions, benefits, or funding will occur during the projection period. In particular, the investment return beginning with FY 2021-22 is assumed to be 6.80% per year, net of investment and administrative expenses. Actual contribution rates during this projection period could be significantly higher or lower than the projection shown below. Future contribution requirements may differ significantly from those shown below. The actual long-term cost of the plan will depend on the actual benefits and expenses paid and the actual investment experience of the fund.

Fiscal Year	Required Contribution	Projected Future Employer Contributions (Assumes 6.80% Return for Fiscal Year 2021-22 and Beyond)				
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
	Rate Plan 10123 Results					
Normal Cost %	13.84%	13.8%	13.8%	13.8%	13.8%	13.8%
UAL Payment	\$881,878	\$843,000	\$764,000	\$681,000	\$570,000	\$600,000

For some sources of UAL, the change in UAL is amortized using a 5-year ramp up. For more information, please see "Amortization of the Unfunded Actuarial Accrued Liability" under "Actuarial Methods" in Appendix A of the Section 2 Report. This method phases in the impact of the change in UAL over a 5-year period in order to reduce employer cost volatility from year to year. As a result of this methodology, dramatic changes in the required employer contributions in any one year are less likely. However, required contributions can change gradually and significantly over the next five years. In years when there is a large increase in UAL, the relatively small amortization payments during the ramp up period could result in a funded ratio that is projected to decrease initially while the contribution impact of the increase in the UAL is phased in.

For projected contributions under alternate investment return scenarios, please see the "Future Investment Return Scenarios" in the "Risk Analysis" section.

Our online pension plan projection tool, Pension Outlook, is available in the Employers section of the CalPERS website. Pension Outlook can help plan and budget pension costs under various scenarios.

Required Contributions

Required Employer Contributions	Fiscal Year 2023-24
Employer Normal Cost Rate	10.10%
<i>Plus</i>	
Required Payment on Amortization Bases¹	\$0
<i>Paid either as</i>	
1) Monthly Payment	\$0.00
<i>Or</i>	
2) Annual Prepayment Option*	\$0
<i>The total minimum required employer contribution is the sum of the Plan's Employer Normal Cost Rate (expressed as a percentage of payroll and paid as payroll is reported) plus the Employer Unfunded Accrued Liability (UAL) Contribution Amount (billed monthly (1) or prepaid annually (2) in dollars).</i>	
<i>* Only the UAL portion of the employer contribution can be prepaid (which must be received in full no later than July 31).</i>	

	Fiscal Year 2022-23	Fiscal Year 2023-24
Development of Normal Cost as a Percentage of Payroll		
Base Total Normal Cost for Formula	15.56%	17.03%
Surcharge for Class 1 Benefits ²		
None	0.00%	0.00%
Phase out of Normal Cost Difference ³	0.00%	0.00%
Plan's Total Normal Cost	15.56%	17.03%
Formula's Expected Employee Contribution Rate	6.93%	6.93%
Employer Normal Cost Rate	8.63%	10.10%

¹ The required payment on amortization bases does not take into account any additional discretionary payment made after April 29, 2022.

² Section 2 of this report contains a list of Class 1 benefits and corresponding surcharges for each benefit.

³ The normal cost change is phased out over a five-year period in accordance with the CalPERS contribution allocation policy.

Plan's Funded Status

	June 30, 2020	June 30, 2021
1. Present Value of Projected Benefits (PVB)	\$3,922,321	\$4,717,670
2. Entry Age Accrued Liability (AL)	1,997,792	2,469,340
3. Plan's Market Value of Assets (MVA)	1,870,169	2,620,380
4. Unfunded Accrued Liability (UAL) [(2) - (3)]	127,623	(151,040)
5. Funded Ratio [(3) / (2)]	93.6%	106.1%

The UAL and funded ratio are assessments of the need for future employer contributions based on the actuarial cost method used to fund the plan. The UAL is the present value of future employer contributions for service that has already been earned and is in addition to future normal cost contributions for active members. The funded ratio, on the other hand, is a relative measure of funded status that allows for comparison between plans of different sizes. For measures of funded status that are appropriate for assessing the sufficiency of plan assets to cover estimated termination liabilities, please see "Hypothetical Termination Liability" in the "Risk Analysis" section.

Projected Employer Contributions

The table below shows the required and projected employer contributions (before cost sharing) for the next six fiscal years. The projection assumes that all actuarial assumptions will be realized and that no further changes to assumptions, contributions, benefits, or funding will occur during the projection period. In particular, the investment return beginning with FY 2021-22 is assumed to be 6.80% per year, net of investment and administrative expenses. Actual contribution rates during this projection period could be significantly higher or lower than the projection shown below. Future contribution requirements may differ significantly from those shown below. The actual long-term cost of the plan will depend on the actual benefits and expenses paid and the actual investment experience of the fund.

Fiscal Year	Required Contribution	Projected Future Employer Contributions (Assumes 6.80% Return for Fiscal Year 2021-22 and Beyond)				
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
	Rate Plan 10124 Results					
Normal Cost %	10.10%	10.1%	10.1%	10.1%	10.1%	10.1%
UAL Payment	\$0	\$0	\$0	\$0	\$0	\$0

For some sources of UAL, the change in UAL is amortized using a 5-year ramp up. For more information, please see "Amortization of the Unfunded Actuarial Accrued Liability" under "Actuarial Methods" in Appendix A of the Section 2 Report. This method phases in the impact of the change in UAL over a 5-year period in order to reduce employer cost volatility from year to year. As a result of this methodology, dramatic changes in the required employer contributions in any one year are less likely. However, required contributions can change gradually and significantly over the next five years. In years when there is a large increase in UAL, the relatively small amortization payments during the ramp up period could result in a funded ratio that is projected to decrease initially while the contribution impact of the increase in the UAL is phased in.

For projected contributions under alternate investment return scenarios, please see the "Future Investment Return Scenarios" in the "Risk Analysis" section.

Our online pension plan projection tool, Pension Outlook, is available in the Employers section of the CalPERS website. Pension Outlook can help plan and budget pension costs under various scenarios.

Required Contributions

	Fiscal Year 2023-24
Required Employer Contributions	
Employer Normal Cost Rate	7.68%
<i>Plus</i>	
Required Payment on Amortization Bases¹	\$0
<i>Paid either as</i>	
1) Monthly Payment	\$0.00
<i>Or</i>	
2) Annual Prepayment Option*	\$0
Required PEPRA Member Contribution Rate	7.75%
<p><i>The total minimum required employer contribution is the sum of the Plan's Employer Normal Cost Rate (expressed as a percentage of payroll and paid as payroll is reported) plus the Employer Unfunded Accrued Liability (UAL) Contribution Amount (billed monthly (1) or prepaid annually (2) in dollars).</i></p> <p><i>* Only the UAL portion of the employer contribution can be prepaid (which must be received in full no later than July 31).</i></p> <p><i>For additional detail regarding the determination of the required PEPRA member contribution rate see section on PEPRA Member Contribution Rates.</i></p>	

	Fiscal Year 2022-23	Fiscal Year 2023-24
Development of Normal Cost as a Percentage of Payroll		
Base Total Normal Cost for Formula	14.22%	15.43%
Surcharge for Class 1 Benefits ²		
None	0.00%	0.00%
Phase out of Normal Cost Difference ³	0.00%	0.00%
Plan's Total Normal Cost	14.22%	15.43%
Plan's Employee Contribution Rate	6.75%	7.75%
Employer Normal Cost Rate	7.47%	7.68%

¹ The required payment on amortization bases does not take into account any additional discretionary payment made after April 29, 2022.

² Section 2 of this report contains a list of Class 1 benefits and corresponding surcharges for each benefit.

³ The normal cost change is phased out over a five-year period in accordance with the CalPERS contribution allocation policy.

Plan's Funded Status

	June 30, 2020	June 30, 2021
1. Present Value of Projected Benefits (PVB)	\$10,784,962	\$11,608,015
2. Entry Age Accrued Liability (AL)	3,681,209	4,397,054
3. Plan's Market Value of Assets (MVA)	3,381,115	4,584,175
4. Unfunded Accrued Liability (UAL) [(2) - (3)]	300,094	(187,121)
5. Funded Ratio [(3) / (2)]	91.8%	104.3%

The UAL and funded ratio are assessments of the need for future employer contributions based on the actuarial cost method used to fund the plan. The UAL is the present value of future employer contributions for service that has already been earned and is in addition to future normal cost contributions for active members. The funded ratio, on the other hand, is a relative measure of funded status that allows for comparison between plans of different sizes. For measures of funded status that are appropriate for assessing the sufficiency of plan assets to cover estimated termination liabilities, please see "Hypothetical Termination Liability" in the "Risk Analysis" section.

Projected Employer Contributions

The table below shows the required and projected employer contributions (before cost sharing) for the next six fiscal years. The projection assumes that all actuarial assumptions will be realized and that no further changes to assumptions, contributions, benefits, or funding will occur during the projection period. In particular, the investment return beginning with FY 2021-22 is assumed to be 6.80% per year, net of investment and administrative expenses. Actual contribution rates during this projection period could be significantly higher or lower than the projection shown below. Future contribution requirements may differ significantly from those shown below. The actual long-term cost of the plan will depend on the actual benefits and expenses paid and the actual investment experience of the fund.

Fiscal Year	Required Contribution	Projected Future Employer Contributions (Assumes 6.80% Return for Fiscal Year 2021-22 and Beyond)				
	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29
	Rate Plan 27224 Results					
Normal Cost %	7.68%	7.7%	7.7%	7.7%	7.7%	7.7%
UAL Payment	\$0	\$0	\$0	\$0	\$0	\$0

For some sources of UAL, the change in UAL is amortized using a 5-year ramp up. For more information, please see "Amortization of the Unfunded Actuarial Accrued Liability" under "Actuarial Methods" in Appendix A of the Section 2 Report. This method phases in the impact of the change in UAL over a 5-year period in order to reduce employer cost volatility from year to year. As a result of this methodology, dramatic changes in the required employer contributions in any one year are less likely. However, required contributions can change gradually and significantly over the next five years. In years when there is a large increase in UAL, the relatively small amortization payments during the ramp up period could result in a funded ratio that is projected to decrease initially while the contribution impact of the increase in the UAL is phased in.

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