

**CAL POLY POMONA FOUNDATION, INC.
CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA
FINANCE & INVESTMENT COMMITTEE**

Friday, February 18, 2022

10:00 am – 11:30 am

Zoom

AGENDA

Committee Chair: Ysabel Trinidad

Directors: Dr. Lea Dopson, Prabhat Jammalamadaka, April Jimenez-Valadez, Cynthia Nelson, John McGuthry, Stephanie Pastor, Oliver Santos, Mark Shin, Dr. Maryann Tolano Leveque

Staff: Claudia Burciaga-Ramos, Jared Ceja, Yvette Lane, Joanne Mathew

Guests: Karin Longhurst, Andy Price, 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.

		Page
1. Approval Finance & Investment Committee Minutes December 7, 2021 ACTION: Approval	Ysabel Trinidad Chair	2 - 3

III. GENERAL UPDATES

2. Executive Director's Report	Jared Ceja, Exec. Director/CEO	4 - 5
--------------------------------	--------------------------------	-------

IV. ACTION ITEMS

3. Investment Report 2nd Quarter 2021-2022 ACTION: Approval	Andy Price, Graystone Karin Longhurst, Graystone Joanne Mathew, Director/CFO	6 - 19
4. Tax Return Review (Form 990) ACTION: Approval	Debi Smith, Aldrich Joanne Mathew	20 - 102

V. INFORMATION & DISCUSSION ITEMS

5. Revenue History Chart	Jared Ceja	103
6. CalPERS Public Agency Valuation Reports	Jared Ceja	104 – 110
7. History of CommonFund	Joanne Mathew	111
8. Financial Highlights 2nd Quarter 2021-2022	Jared Ceja Joanne Mathew	112-14
9. Pumpkin Fest 2022 by the Numbers	Joanne Mathew	115

VI. OPEN FORUM

VII. ADJOURNMENT

Ysabel Trinidad

CAL POLY POMONA FOUNDATION, INC.
Finance & Investment Committee Meeting Minutes
Tuesday, December 7, 2021
Zoom

Notice is hereby given that a regular meeting of the Finance/Investment Committee was held by video conference/teleconference on Tuesday December 7, 2021 at 11:00 a.m. to discuss matters on the posted agenda. The meeting notice in its entirety was posted on the internet at <https://foundation.cpp.edu/meetingpackets.aspx>.

Present: Prabhat Jammalamadaka, April Jimenez-Valadez, Cynthia Nelson, Stephanie Pastor, Joe Simoneschi, Ysabel Trinidad

Staff: Claudia Burciaga-Ramos, Jared Ceja, Joanne Mathew and Aaron Neilson

Absent: Dr. Lea Dopson, John McGuthry, Oliver Santos, Mark Shin, Ruby Suchecki

CALL TO ORDER

Ysabel Trinidad called the meeting to order at 11:02 a.m.

CONSENSUS ACTION ITEMS

1. Approval of Finance and Investment Committee minutes from September 15, 2021
A motion was made by Prabhat Jammalamadaka and seconded by Stephanie Pastor to approve the minutes as read; no opposition, the minutes were approved.

GENERAL UPDATES

2. Executive Director's Report
Jared Ceja gave a brief organizational update. He explaining how the Foundation is experiencing some of the signs of the great resignation, to a lesser degree than heard on mass media, but we have lost some individuals to great opportunities elsewhere. We are working to meet the demands of Spring students coming back and filling out roles to have the support needed. Some events are back: the Appreciation Luncheon on November 4th; the grand opening of Poly Trolley 2 on November 5th; the Thanksgiving Dinner meal/fundraising program, an event that had great participation last year with every meal package purchase resulting in two donated meals, 142 full meals and 592 individual meal generated for students; and the annual exclusive Winter Wonderland Holiday Mixer on November 19th for alumni, parents, faculty and staff with door prizes, discount offers, refreshments, music, a photo booth and prizes. Jared reminded committee members of the hybrid Board of Directors meeting on December 9th at Kellogg West and via Zoom. This will be the first board meeting in person since February 2020.

ACTION ITEMS

3. Investment Portfolio Report 1st Quarter
Joanne Mathew reviewed the General Investment Portfolio with information on the market value of \$30.8M as of September 30, 2021. The majority portion managed by Graystone Consulting is at a current market value of \$30.2M with Fixed Income at 30%, 48% in Equities, 20% in Alternatives, and 2% Cash. All allocations are within current target ranges as per the investment policy. The return over the last quarter was 0.34% (gross) and 14.51% over the last twelve months (9/30/20-9/30/21). With respect to our investments in CommonFund, management received capital call notices and has contributed \$234,375 against its commitment of \$250,000 to Capital Partners IV and \$697,500 against its commitment of \$750,000 to Capital Private Equity Partners VII. The value of the Non-Marketable Investments is \$470,920. Committee members requested management provide a brief history of CommonFund at a future meeting.

Moved and seconded by Cynthia Nelson and April Jimenez-Valadez that the members of the Finance & Investment Committee have reviewed the comprehensive quarterly investment report and believe the report is in compliance with the investment policy as presented and recommends the report be presented to the Board of Directors for approval at their next regularly scheduled meeting. The motion was approved unanimously.

INFORMATION & DISCUSSION ITEMS

4. Update on Fossil Fuel Divestment
Jared Ceja mentioned that on October 6th, 2021, the CSU announced that the system will not pursue any future investments in fossil fuels in the CSU's three investment portfolios. The announcement also highlighted the CSU's commitment to sustainability and the efforts to align their investments accordingly. The memo closed with the statement "Auxiliaries, which support the university and campuses but are separate legal entities, cannot be obligated to adopt the recommendations of the IAC but are free to adopt an investment strategy that best supports their own specific missions." Fortunately, the 2020/2021 Board of Directors, acting upon recommendations from the 2020/2021 Finance & Investment Committee, updated our General Investment Policy 131 which now includes:

...The Foundation will not directly invest in fossil fuel companies or buy carbon in proven oil, gas and coal reserves...

... fiduciary actions must include prudent management practices with principles of environmental and social stewardship, concern for community, and corporate accountability to stakeholders alike. Therefore, the Foundation actively seeks investments, which support and recognize the central position of global and holistic sustainability. These investments may be focused on specific themes or offer a broader recognition of the long-term global macroeconomic and environmental drivers within sustainable business ventures...

Graystone, our investment advisors, utilize these guidelines as they update our portfolio allocation per the committee's direction. Management and members of the committee commended the 20/21 F&I Committee for taking proactive action via updating our investment policy.

5. Financial Highlights 1st Quarter 2021-2022

Joanne Mathew summarized the financial highlights for the fiscal quarter ended September 2021; there is a surplus of \$871,000 compared to a budgeted deficit of \$245,000, a variance of \$1,116,378 to the positive. The impact is largely due to Enterprise activities: Dining and Village had significantly better results because of the high student occupancy and residential sales; Bookstore stayed just above budget; Real Estate exceeded expectations during the pandemic and that trend has continued. The challenge was with Kellogg West due to continued pandemic-impacted revenue and increased maintenance expenses for a deficit variance of \$65,828. Agriculture showed a deficit of \$50,000 due to a budget timing issue as they budgeted some pumpkin festival revenue to come in for the month of September when it actually came in October. The full revenue number will show in the Q2 report at the next meeting. Investments had a tough month in September but in October started to strengthen. All of the positive revenue increases have had a proportional positive impact on the Administration line. Based on the performance of the quarter, we expect to end the fiscal year with a surplus of \$1.5 million plus. Liquidity ratio is at a positive of 6.32, the total unrestricted funds forecasted to year-end is \$25,930,308. Joanne also shared the cash flow forecast from October 2021 – June 2022.

Committee members requested an annual revenue history chart to be shared at a future meeting.

OPEN FORUM

Management reconfirmed that, per the Committee's request, they would present an annual revenue history, brief history of our CommonFund investment, and detail of Pumpkin Fest 2021's performance at a future committee meeting.

ADJOURNMENT

Moved and seconded by Stephanie Pastor and April Jimenez-Valadez to adjourn.

Respectfully submitted,

Ysabel Trinidad
Finance & Investment Committee, Chair



Executive Director's Report

February 18, 2022

F&I Committee

Discussion Topics

- ▶ Welcome Yvette Lane
- ▶ January/February COVID Impact
- ▶ Housing Capacity
- ▶ IBW in the news
- ▶ New Technology at Poly Fresh

Memorandum



Date: February 18, 2022

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

From: Joanne Mathew
Director of Financial Services/ CFO

Attached: Graystone Consulting Portfolio Review
CommonFund 12/31/21 Report

Subject: INVESTMENT HIGHLIGHTS – 2nd Quarter 2021-2022

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 market value of \$31.2 million as of December 31, 2021 with 24% Fixed Income & Preferred, 54% Equities, 20% Alternatives, and 1% Cash. All allocations are within current policy ranges. The majority portion managed by Graystone Consulting has a current market value of \$31.1 million. The last twelve-month return (12/31/20-12/31/21) was 10.89%. Additional information is included in the report provided by Graystone.

Management received capital call notices and has contributed \$234,375 against its commitment of \$250,000 to Capital Partners IV and \$697,500 against its commitment of \$750,000 to Capital Private Equity Partners VII. The value of the Non-Marketable Investments are \$444,765. The CommonFund Summary Investment and Performance Reports are available for further details.

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

PASSED AND ADOPTED THIS 18TH DAY OF FEBRUARY 2022.

By: _____
Ysabel Trinidad, Chair
Finance & Investment Committee



A business of Morgan Stanley

Cal Poly Pomona Foundation



Portfolio Review As of December 31, 2021

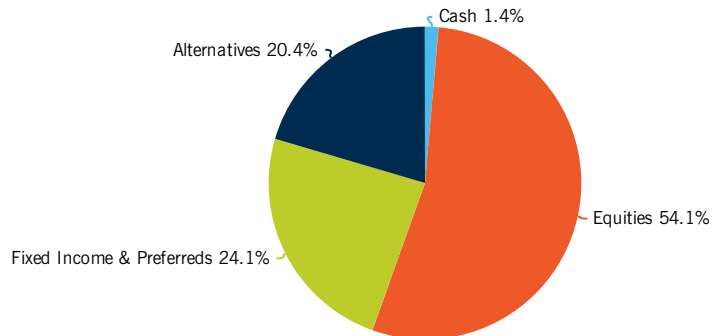
Andrew B. Price, CIMA, (310) 788-2043
Managing Director, Wealth Management
Institutional Consulting Director
andrew.price@msgraystone.com

Karin Longhurst, CTFA, (310) 788-2156
Senior Vice President, Wealth Management
Senior Institutional Consultant
karin.longhurst@msgraystone.com

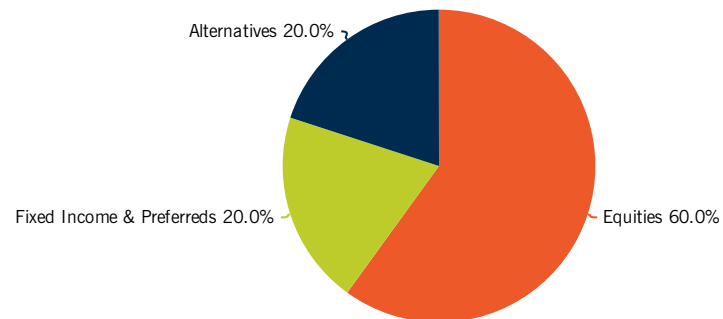
1999 Avenue of the Stars, Suite 2400
Los Angeles, CA 90067

ACTUAL VS. TARGET

Actual

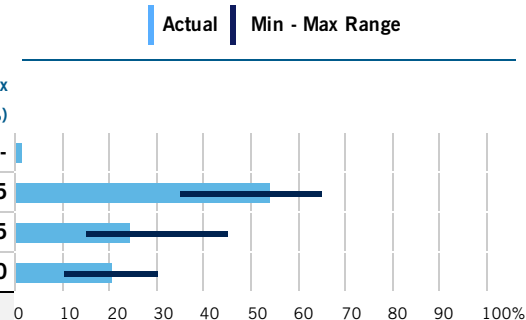


Target



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

Asset Class	Actual 12/31/2021		Target		Difference		Min-Max Range (%)
	(\$)	(%)	(\$)	(%)	(\$)	(%)	
Cash	433,414.87	1.39	0.00	0.00	433,414.87	1.39	-
Equities	16,864,717.92	54.09	18,708,709.80	60.00	-1,843,991.87	-5.91	35 - 65
Fixed Income & Preferreds	7,506,883.79	24.08	6,236,236.60	20.00	1,270,647.19	4.08	15 - 45
Alternatives	6,376,166.41	20.45	6,236,236.60	20.00	139,929.81	0.45	10 - 30
Total Assets	31,181,183.00	100.00	31,181,183.00	100.00			

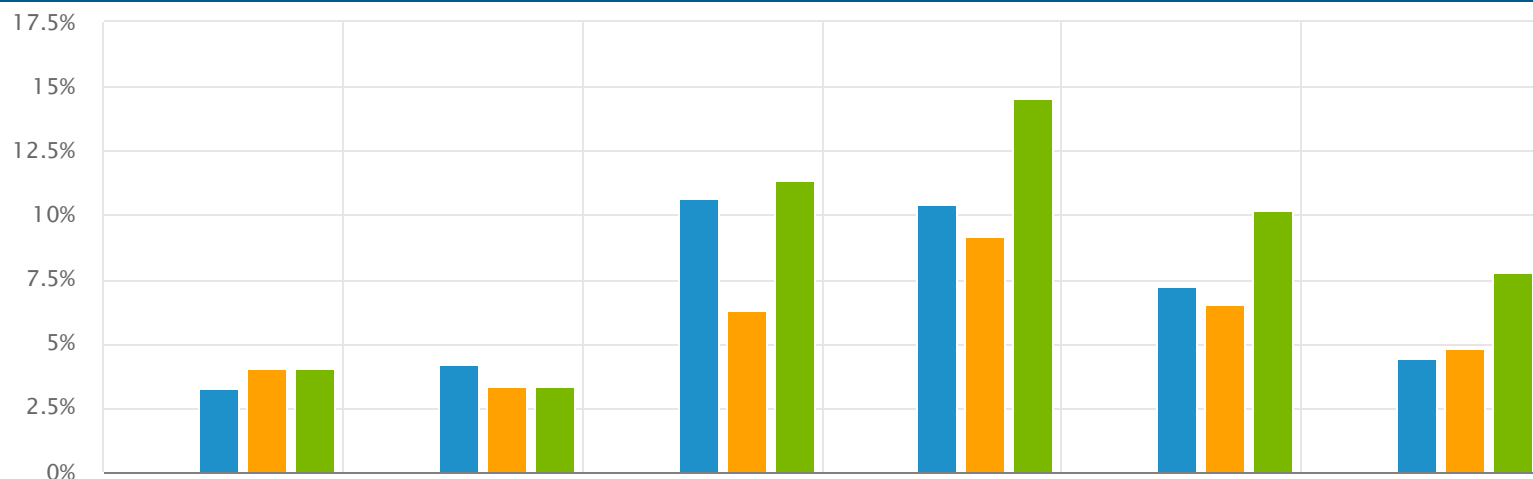


Target Allocation as determined by you and your Financial Advisor for this account only.

OCIO - Cal Poly Pomona Foundation

As of December 31, 2021 | Reporting Currency: USD

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



	Quarter to Date 09/30/21 - 12/31/21	Custom Period 06/30/21 - 12/31/21	Last 12 Months 12/31/20 - 12/31/21	Last 3 Years 12/31/18 - 12/31/21	Last 5 Years 12/31/16 - 12/31/21	Performance Inception 03/04/13 - 12/31/21
Beginning Total Value (\$)	30,843,689.68	30,561,867.95	29,320,565.82	65,124,515.88	42,243,041.72	24,450,830.11
Net Contributions/Withdrawals (\$)	-422,840.17	-422,840.17	-976,840.16	-44,700,847.99	-23,805,492.24	-7,497,179.35
Investment Earnings (\$)	1,002,055.57	1,283,877.30	3,079,179.42	10,999,237.19	12,985,355.61	14,469,254.32
Ending Total Value (\$)	31,422,905.08	31,422,905.08	31,422,905.08	31,422,905.08	31,422,905.08	31,422,905.08
Return % (Gross of Fees)	3.33	4.36	10.98	10.71	7.48	4.72
Return % (Net of Fees)	3.25	4.20	10.66	10.43	7.21	4.47
Allocation Over Time (%)	4.02	3.37	6.30	9.15	6.50	4.81
Cal Poly Pomona Policy BM (%)	4.02	3.37	11.32	14.55	10.17	7.76

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.

TIME WEIGHTED PERFORMANCE DETAIL

OCIO - Cal Poly Pomona Foundation

As of December 31, 2021 | Reporting Currency: USD

RETURN % (GROSS OF FEES) VS. BENCHMARKS

	Account Number	Investment Description/ Benchmark	Performance Inception Date	Total Value (\$) 12/31/21	% Of Portfolio 12/31/21	Month to Date (%) 11/30/21 - 12/31/21	Quarter to Date (%) 09/30/21 - 12/31/21	Year to Date (%) 12/31/20 - 12/31/21	Last 12 Months (%) 12/31/20 - 12/31/21	Last 3 Years (%) 12/31/18 - 12/31/21	Last 5 Years (%) 12/31/16 - 12/31/21	Performance Inception Month End (%) to 12/31/21
US Large Cap Growth				4,469,184.69	14.23							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Vanguard Growth ETF <i>CRSP Lg Cap Gr</i>	12/22/21	2,234,225.14	7.12	1.47 2.20	1.47 2.20	1.47 2.20	- -	- -	- -	- -
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Brown Advisory LC Sustain Grth <i>Russell 1000 Gr</i>	05/21/21	1,118,983.19	3.56	0.93 2.11	8.77 11.64	25.67 21.38	- -	- -	- -	23.04 20.01
Polen Large Cap Growth Equity <i>Russell 1000 Gr</i>			05/21/21	1,115,976.36	3.55	2.24 2.11	4.95 11.64	16.21 21.38	- -	- -	- -	16.21 21.38
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Polen Large Cap Growth Equity <i>Russell 1000 Gr</i>	05/21/21	1,115,976.36	3.55	2.24 2.11	4.95 11.64	16.21 21.38	- -	- -	- -	14.33 20.01
US Large Cap Value				3,931,417.15	12.52							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Boston Partners LC Value <i>Russell 1000 Value</i>	05/21/21	1,819,506.29	5.79	6.97 6.31	9.54 7.77	6.57 7.09	- -	- -	- -	5.48 5.71
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	ClearBridge Large Value ESG <i>Russell 1000 Value</i>	05/21/21	1,814,859.72	5.78	5.85 6.31	8.46 7.77	8.41 7.09	- -	- -	- -	7.30 5.71
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Vanguard Value ETF <i>CRSP Lg VL</i>	12/22/21	297,051.15	0.95	2.12 2.60	2.12 2.60	2.12 2.60	- -	- -	- -	- -
US Mid Cap				832,820.55	2.65							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Earnest Prnts Small/Mid Core <i>Russell Midcap</i>	05/21/21	832,820.55	2.65	5.31 4.08	7.76 6.44	10.77 8.94	- -	- -	- -	8.80 7.00
US Equities Other				568,233.90	1.81							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Vanguard Financials ETF <i>MSCI US IMI Financials Index</i>	12/22/21	568,233.90	1.81	1.42 1.91	1.42 1.91	1.42 1.91	- -	- -	- -	- -
International Equities				4,779,134.11	15.22							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Harding Loevner Intl Eq ADR <i>MSCI ACWI Ex USA NR USD</i>	05/21/21	2,024,230.27	6.45	4.17 4.13	4.35 1.82	4.88 0.02	- -	- -	- -	3.00 -1.76
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	iShares ESG Aware MSCI EAFE <i>MSCI EAFE ESG Focus NR USD</i>	05/21/21	1,433,940.54	4.57	4.28 5.36	2.53 2.85	1.45 -	- -	- -	- -	0.37 1.37

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

OCIO - Cal Poly Pomona Foundation

As of December 31, 2021 | Reporting Currency: USD

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

	Account Number	Investment Description/ Benchmark	Performance Inception Date	Total Value (\$) 12/31/21	% Of Portfolio 12/31/21	Month to Date (%) 11/30/21 - 12/31/21	Quarter to Date (%) 09/30/21 - 12/31/21	Year to Date (%) 12/31/20 - 12/31/21	Last 12 Months (%) 12/31/20 - 12/31/21	Last 3 Years (%) 12/31/18 - 12/31/21	Last 5 Years (%) 12/31/16 - 12/31/21	Performance Inception Month End (%) to 12/31/21
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Causeway Intl ADR <i>MSCI EAFE Net</i>	05/21/21	1,320,963.30	4.21	6.36 5.12	1.46 2.69	-1.13 2.32	-	-	-	-2.39 0.77
Japan Equities				309,760.61	0.99							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Matthews Japan Fund <i>MSCI Japan Net</i>	05/21/21	309,760.61	0.99	0.13 1.89	-1.10 -3.96	5.25 1.44	-	-	-	3.98 -0.55
Emerging Market Equities				2,325,790.06	7.41							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Martin Currie Emerging Markets <i>MSCI EM Net</i>	05/21/21	1,163,517.22	3.71	-0.01 1.88	-0.58 -1.31	-4.69 -5.84	-	-	-	-7.62 -8.09
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	iShares ESG Aware MSCI EM <i>MSCI EM ESG Focus NR USD</i>	05/21/21	1,162,272.84	3.70	1.24 1.38	-2.03 -2.03	-5.26 -	-	-	-	-8.12 -9.19
Ultra-Short Term FI.				2,245,509.44	7.15							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	iShares BC Short Treasury Bd <i>90-Day T-Bills</i>	05/21/21	2,245,509.44	7.15	0.02 0.00	-0.05 0.01	-0.09 0.02	-	-	-	-0.08 0.02
US Taxable Core				4,593,758.21	14.63							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Western Core Plus Fixed Income <i>Barclays Aggregate</i>	05/27/21	2,476,445.63	7.89	0.33 -0.26	0.27 0.01	0.96 0.77	-	-	-	0.90 0.77
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	CCM Community Impact Bond Fund <i>Barclays Aggregate</i>	05/21/21	1,058,718.90	3.37	-0.16 -0.26	-0.66 0.01	-0.68 1.18	-	-	-	-0.59 0.77
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	iShares Int Govt/Crdt Bd ETF <i>BC Gov/Cr Intm</i>	09/16/21	1,058,593.68	3.37	-0.29 -0.13	-0.74 -0.57	-1.30 -1.18	-	-	-	-0.74 -0.57
High Yield Fixed Income				781,607.62	2.49							
CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Pax High Yield Bond Fd <i>BC Corp High Yield TR</i>	05/21/21	781,607.62	2.49	1.63 1.87	0.40 0.71	2.52 3.40	-	-	-	2.31 2.96
Alternatives				5,903,466.80	18.80							
CAL POLY POMONA FOUNDATION INC (Alternative Investments Advisory) - Short Term FI	812-XXX416	Alternative Investments Advisory <i>HFRI Fund Weighted Comp</i>	06/25/21	3,082,833.13	9.82	0.39 1.15	1.63 0.44	5.45 -	-	-	-	5.45 0.04
CAL POLY POMONA FOUNDATION INC (Alternative Investments Advisory) - Hamilton Lane	812-XXX325	Alternative Investments Advisory <i>HFRI Fund Weighted Comp</i>	06/05/17	2,820,633.67	8.98	0.00 1.15	0.00 0.44	38.41 10.16	38.41 10.16	16.24 10.81	-	13.92 7.06

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

OCIO - Cal Poly Pomona Foundation

As of December 31, 2021 | Reporting Currency: USD

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

	Account Number	Investment Description/ Benchmark	Performance Inception Date	Total Value (\$) 12/31/21	% Of Portfolio 12/31/21	Month to Date (%) 11/30/21 - 12/31/21	Quarter to Date (%) 09/30/21 - 12/31/21	Year to Date (%) 12/31/20 - 12/31/21	Last 12 Months (%) 12/31/20 - 12/31/21	Last 3 Years (%) 12/31/18 - 12/31/21	Last 5 Years (%) 12/31/16 - 12/31/21	Performance Inception Month End (%) to 12/31/21	
Real Estate/REITs				534,768.44	1.70								
	CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	Cohen & Steers Realty Shares <i>FTSE NAREIT All Equity REITS</i>	09/16/21	534,768.44	1.70	9.32	15.85	10.52	-	-	-	15.85
							9.60	16.17	10.72	-	-	-	16.17
Other				565.59	0.00								
	N/A			06/24/21	565.59	0.00	0.62	1.57	224.23	-	-	-	224.23
	CAL POLY POMONA FOUNDATION INC (AAA)	812-XXX507	N/A	06/24/21	374.47	0.00	-	-	-	-	-	-	-
	CAL POLY POMONA FOUNDATION INC (AAA) - Aristotle	812-XXX711	N/A	07/12/21	187.61	0.00	-	-	-	-	-	-	-
	CAL POLY POMONA FOUNDATION INC (Select UMA) - Short Term FI	812-XXX415	N/A	12/31/21	3.51	0.00	-	-	-	-	-	-	-
Cash				122,114.43	0.39								
	CAL POLY POMONA FOUNDATION INC (AAA) - Short Term FI	812-XXX546	Cash	03/07/13	79,403.13	0.25	-	-	-	-	-	-	-
	CAL POLY POMONA FOUNDATION INC (Alternative Investments Advisory) - Hamilton Lane	812-XXX325	Alternative Investments Advisory	06/05/17	40,380.68	0.13	-	-	-	-	-	-	-
	CAL POLY POMONA FOUNDATION INC (Alternative Investments Advisory) - Short Term FI	812-XXX416	Alternative Investments Advisory	06/22/21	2,330.62	0.01	-	-	-	-	-	-	-

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 2022

CLIENT PROFILE

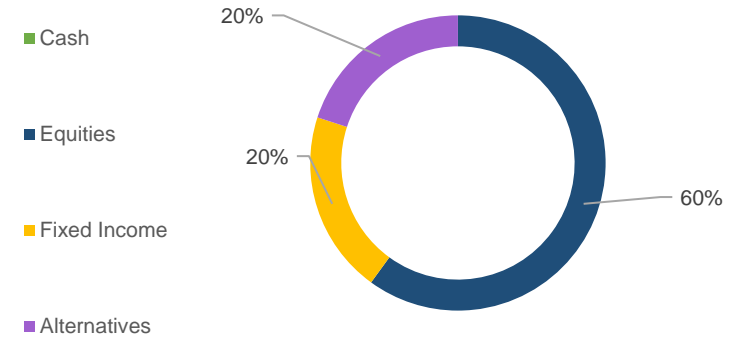
Client Name	Cal Poly Pomona Foundation
Client Type	Endowment, Educational
Portfolio Value	31,318,750
Tax Status	Tax-Exempt

INVESTMENT POLICY STATEMENT

ACCOUNTS INCLUDED

XXX-XXXX16	(3,085,747)
XXX-XXXX15	(25,371,988)
XXX-XXXX25	(2,861,014)

POLICY BENCHMARK ASSET ALLOCATION



POLICY BENCHMARK INDICES

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

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.

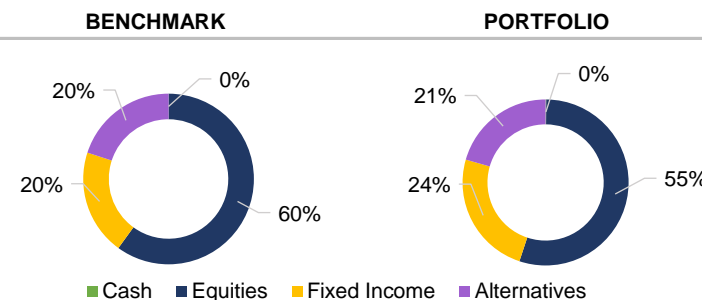
CUSTOM SOLUTIONS PORTFOLIO POSITIONING

CAL POLY POMONA FOUNDATION PORTFOLIO ANALYSIS

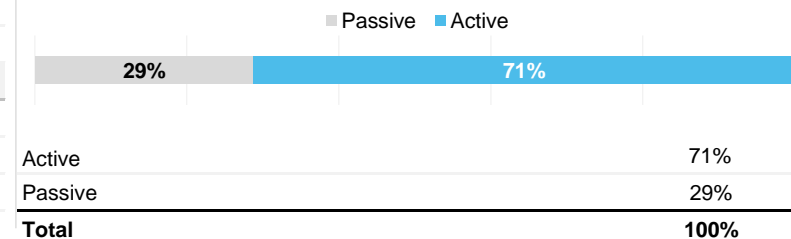
REPORTING DATE: FEB 2022

PORTFOLIO POSITIONING VS. POLICY BENCHMARK

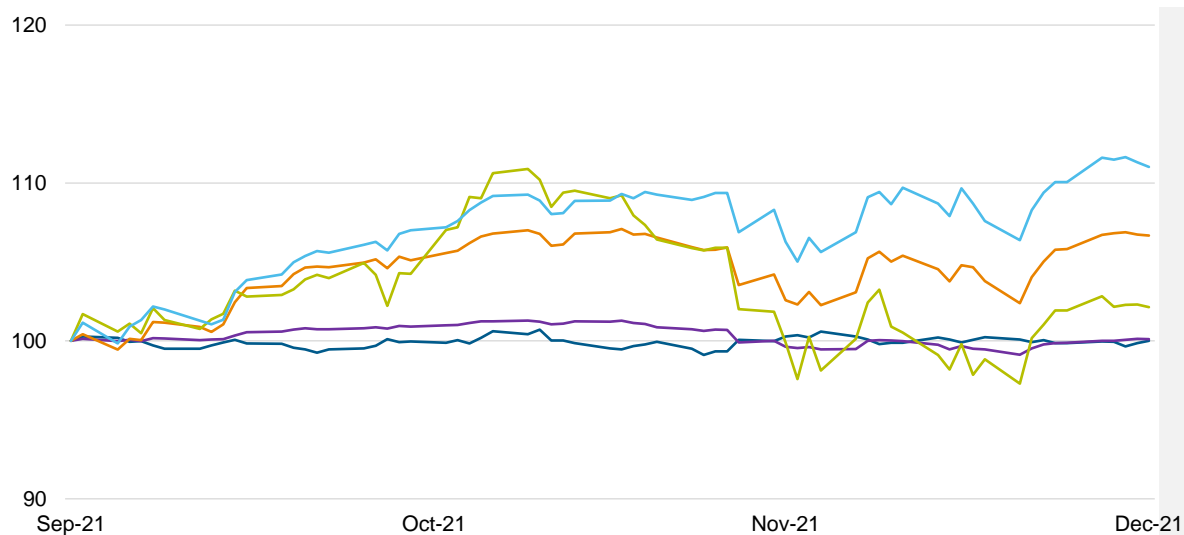
ASSET CLASS	BENCHMARK	PORTFOLIO	UNDERWEIGHT	NEUTRAL	OVERWEIGHT
Cash	-	0.1%		■	
Equities	60.0%	55.0%	■		
US Large Cap	31.0%	28.6%	■		
US SMID Cap	3.6%	2.7%		■	
International	17.5%	16.2%	■		
Emerging Market	7.8%	7.4%		■	
Fixed Income	20.0%	24.3%			■
Investment Grade FI	20.0%	21.8%			■
Non-US Fixed Income	-	-			
Sub-Investment Grade FI	-	2.5%			■
Tax Exempt Fixed Income	-	-			
Alternatives	20.0%	20.6%		■	
Real Assets	-	1.7%			■
Hedged Strategies	20.0%	6.3%	■		
Private Investments	-	12.5%			■



ACTIVE/PASSIVE ALLOCATION



MARKET INDICES PERFORMANCE



INDEX (Total Return Indices)	10/1/21 - 12/31/21
Barclays U.S. Aggregate	0.01%
S&P 500	11.03%
Russell 2000	2.14%
MSCI All-Country World	6.68%
HFRX Global Hedge Fund	0.11%

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.

PORTFOLIO PERFORMANCE SUMMARY

CAL POLY POMONA FOUNDATION PORTFOLIO ANALYSIS

REPORTING DATE: FEB 2022

PERFORMANCE SUMMARY

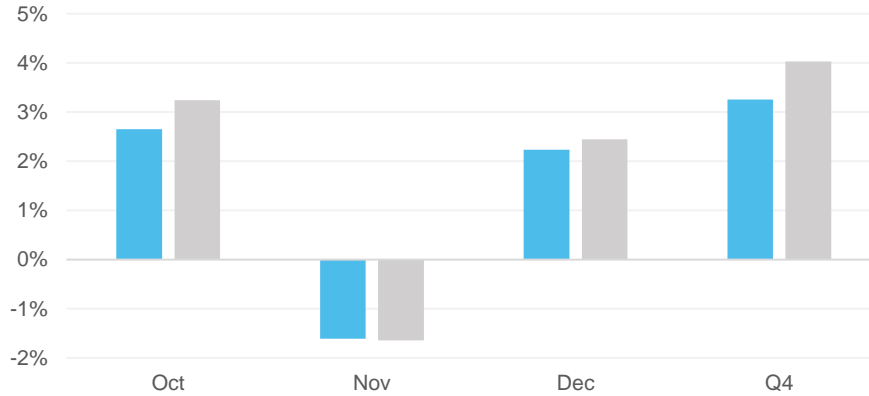
Asset Class	Market Value (10/01/21)	Market Value (12/31/21)	Net Contributions & Withdrawals
Cash	138,542.98	42,714.81	-95,748.44
Fixed Income	9,203,493.53	7,620,875.27	-1,569,075.37
Equities	15,053,647.61	17,216,341.06	1,290,981.90
Alternatives	6,366,342.35	6,438,818.64	-47,458.12
Total Portfolio	30,762,026.47	31,318,749.77	-421,300.03

Gross Portfolio Return	3.26%
Net Portfolio Return	3.18%
<i>Benchmark Return</i>	<i>4.03%</i>

Data source: Morgan Stanley Performance Measurement (MSPM) and Custom Solutions Proprietary

TRAILING PERIOD PERFORMANCE

As of Date 10/01/21 - 12/31/21



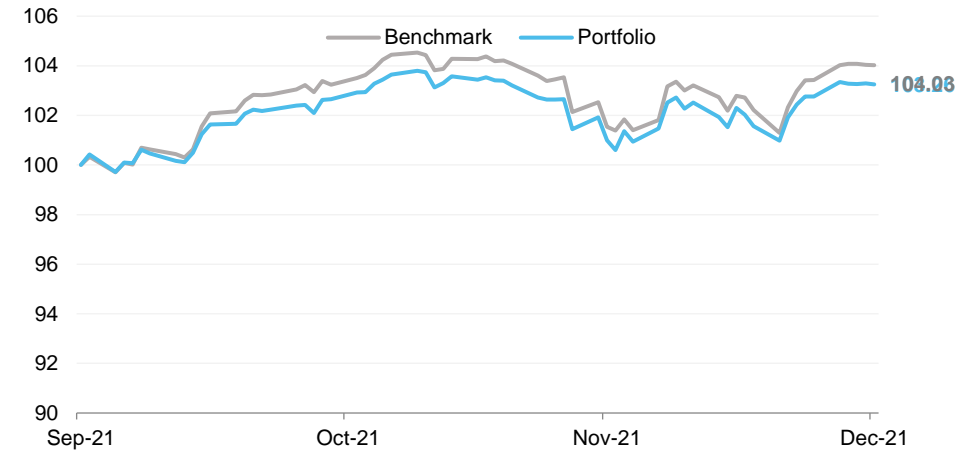
	Oct	Nov	Dec	Q4
Gross Portfolio Return	2.65%	-1.61%	2.23%	3.26%
Benchmark Return	3.24%	-1.64%	2.45%	4.03%
Difference	-0.59%	0.03%	-0.21%	-0.77%

Data source: Morgan Stanley Performance Measurement (MSPM) and Custom Solutions Proprietary

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.

GROWTH OF \$100 PORTFOLIO

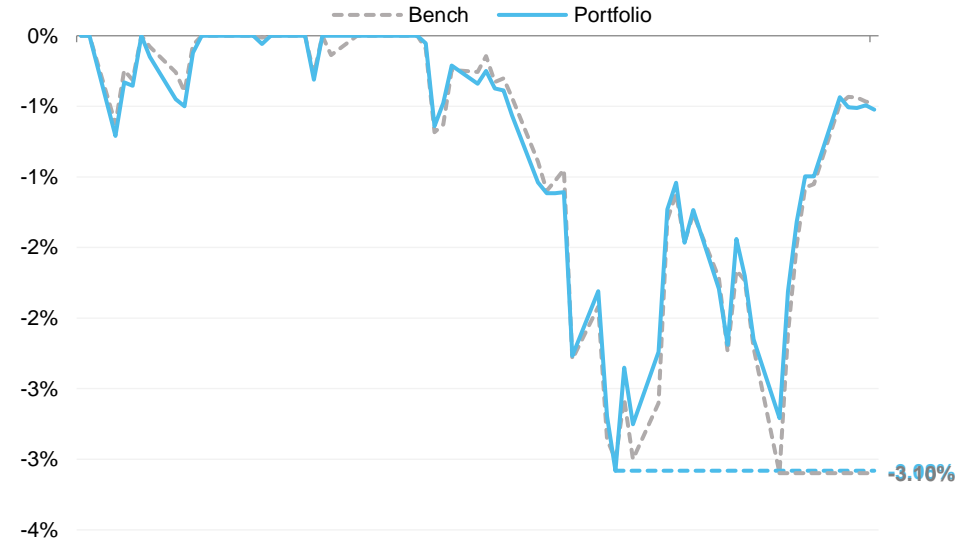
As of Date 10/01/21 - 12/31/21



Data source: Morgan Stanley Performance Measurement (MSPM) and Custom Solutions Proprietary

MAX DRAWDOWN

As of Date 10/01/21 - 12/31/21



Data source: Morgan Stanley Performance Measurement (MSPM) and Custom Solutions Proprietary

All Accounts

ACCOUNT SUMMARY AS OF 12/31/2021

	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	\$697,500	\$52,500	(\$1,234,089)	\$397,814	2.3	14.4%	9/30/2021
Total US Private Equity		\$750,000	\$697,500	\$52,500	(\$1,234,089)	\$397,814	2.3	14.4%	9/30/2021
Multi-Asset									
Capital Partners IV	2007	\$250,000	\$234,375	\$15,625	(\$364,147)	\$105,979	2.0	10.6%	9/30/2021
Total Multi-Asset		\$250,000	\$234,375	\$15,625	(\$364,147)	\$105,979	2.0	10.6%	9/30/2021
Total General Fund - 06		\$2,500,000	\$2,431,875	\$68,125	(\$1,881,332)	\$503,793	1.0	-0.5%	9/30/2021
Grand Total		\$2,500,000	\$2,431,875	\$68,125	(\$1,881,332)	\$503,793	1.0	-0.5%	9/30/2021

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 12/31/2021

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	9/30/2021	\$397,814.00	\$0.00	(\$51,530.00)	\$346,284.00
Capital Partners IV	9/30/2007	\$250,000.00	9/30/2021	\$105,979.00	\$0.00	(\$7,498.00)	\$98,481.00
Total Core Funds		\$1,000,000.00	9/30/2021	\$503,793.00	\$0.00	(\$59,028.00)	\$444,765.00
Non-Marketable Total		\$1,000,000.00	9/30/2021	\$503,793.00	\$0.00	(\$59,028.00)	\$444,765.00

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.

All Accounts

TRANSACTIONS (10/1/2021 - 12/31/2021)

Fund Name	Transaction Date	Trade Shares	Trade Amount (USD)	Transaction Type
Capital Partners IV	12/31/2021	0.000	(\$7,498.00)	Distribution
Private Equity Partners VII	12/8/2021	0.000	(\$29,446.00)	Distribution
Private Equity Partners VII	12/30/2021	0.000	(\$22,084.00)	Distribution

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

PERFORMANCE AS OF 12/31/2021

Performance Item	QTD	1 Year	3 Years	5 Years	10 Years
Private Equity Partners VII	0.00	32.23	18.53	19.96	17.76
US Private Equity	0.00	32.23	18.53	19.96	17.76
Capital Partners IV	0.00	32.73	13.78	14.99	13.40
Multi-Asset	0.00	32.73	13.78	14.99	13.40
Total Non-Marketable	0.00	32.35	17.41	18.78	16.67
Total Portfolio	0.00	32.35	17.41	18.78	18.40

Investments in Programs for closed-end investment products are carried as of the most recent valuation date, which may not correspond to the marketable securities valuation dates. Distressed Debt programs are reported with a one quarter lag. For example, if the report 'As of' date is 9/30/YY then Distressed Debt programs are represented using 6/30/YY, or previous quarter values. Private Capital programs are reported with a one quarter lag. For example, if the report 'As of' date is 9/30/YY then Private Capital and Real Estate programs are represented using 6/30/YY, or previous quarter values. Private Investment returns are normally reported as an Internal Rate of Return (IRR). All other Commonfund investment returns are reported as Time Weighted Rates of Return (TWR). For Consolidated Performance reporting purposes, TWRs are used for all individual and composite returns.

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 18, 2022

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 complete copy of Form 990 and supporting schedules via a secured link 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 18th DAY OF FEBRUARY 2022.

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 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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 BLDG #55 City or town, state or province, country, and ZIP or foreign postal code POMONA, CA 91768-4038 F Name and address of principal officer: JARED G. CEJA SAME AS C ABOVE	D Employer identification number 95-2417645 E Telephone number 909-869-2950 G Gross receipts \$ 43,864,782. 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 ▶
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		
J Website: ▶ WWW.FOUNDATION.CPP.EDU		
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

Activities & Governance	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. 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 2020 (Part V, line 2a) 5 1927 6 Total number of volunteers (estimate if necessary) 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,998,038. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">12,706,662.</td> <td style="text-align: right;">13,927,996.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">21,399,065.</td> <td style="text-align: right;">9,958,316.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">969,568.</td> <td style="text-align: right;">3,619,646.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">18,731,917.</td> <td style="text-align: right;">9,319,692.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">53,807,212.</td> <td style="text-align: right;">36,825,650.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	12,706,662.	13,927,996.	9 Program service revenue (Part VIII, line 2g)	21,399,065.	9,958,316.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	969,568.	3,619,646.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,731,917.	9,319,692.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,807,212.	36,825,650.							
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	12,706,662.	13,927,996.																								
9 Program service revenue (Part VIII, line 2g)	21,399,065.	9,958,316.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	969,568.	3,619,646.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,731,917.	9,319,692.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,807,212.	36,825,650.																								
Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">151,225,878.</td> <td style="text-align: right;">2,652,550.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">31,595,811.</td> <td style="text-align: right;">21,036,387.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">26,744,577.</td> <td style="text-align: right;">19,878,086.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">209,566,266.</td> <td style="text-align: right;">43,567,023.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">-155,759,054.</td> <td style="text-align: right;">-6,741,373.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	151,225,878.	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)	31,595,811.	21,036,387.	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)	26,744,577.	19,878,086.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	209,566,266.	43,567,023.	19 Revenue less expenses. Subtract line 18 from line 12	-155,759,054.	-6,741,373.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	151,225,878.	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)	31,595,811.	21,036,387.																								
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)	26,744,577.	19,878,086.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	209,566,266.	43,567,023.																								
19 Revenue less expenses. Subtract line 18 from line 12	-155,759,054.	-6,741,373.																								
Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">112,439,496.</td> <td style="text-align: right;">105,430,579.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">73,983,463.</td> <td style="text-align: right;">72,739,935.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">38,456,033.</td> <td style="text-align: right;">32,690,644.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	112,439,496.	105,430,579.	21 Total liabilities (Part X, line 26)	73,983,463.	72,739,935.	22 Net assets or fund balances. Subtract line 21 from line 20	38,456,033.	32,690,644.													
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	112,439,496.	105,430,579.																								
21 Total liabilities (Part X, line 26)	73,983,463.	72,739,935.																								
22 Net assets or fund balances. Subtract line 21 from line 20	38,456,033.	32,690,644.																								

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	Preparer's signature DEBRA D. SMITH	Date 02/14/22	Check if self-employed <input type="checkbox"/>	PTIN P00646873
	Firm's name ▶ ALDRICH CPAS AND ADVISORS, LLP	Firm's EIN ▶ 93-0623286		Phone no. (619) 810-4940	
	Firm's address ▶ 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA 92108				

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 \$ 3,436,261. including grants of \$) (Revenue \$ 3,985,750.) DINING SERVICES - OPERATES A DIVERSE ARRAY OF DINING VENUES FOR THE CONVENIENCE OF STUDENTS, FACULTY, STAFF, AND OTHER UNIVERSITY CONSTITUENTS.

4b (Code:) (Expenses \$ 2,774,635. including grants of \$) (Revenue \$ 1,335,904.) STUDENT HOUSING - THE VILLAGE OFFERS VALUABLE, WELL-MAINTAINED, AND FURNISHED ACCOMMODATIONS FOR OVER 1,200 CAL POLY POMONA STUDENTS EACH YEAR.

4c (Code:) (Expenses \$ 1,493,551. including grants of \$) (Revenue \$ 7,037,229.) BRONCO BOOKSTORE - OFFERS THE ACADEMIC COMMUNITY ALL OF THE COURSE MATERIALS, SUPPLIES, TECHNOLOGY, SPIRIT GEAR, AND TOOLS NECESSARY FOR A SUCCESSFUL UNIVERSITY EXPERIENCE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 24,471,003. including grants of \$ 2,652,550.) (Revenue \$ 2,921,087.)

4e Total program service expenses 32,175,450.

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> ?	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 Revenue Procedure 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>		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 include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

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 include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, 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 columns. Includes questions 2a through 16 regarding employee counts, tax filings, foreign accounts, 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 (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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	13,122,755.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	805,241.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			13,927,996.			
Program Service Revenue	2 a OTHER OPERATING REVENUE	Business Code					
		900099	6,709,399.	6,709,399.			
	b STUDENT HOUSING	900099	1,335,904.	1,335,904.			
	c TUITION FEES	900099	968,655.	968,655.			
	d ENTERPRISE ACTIVITIES	900099	944,358.	944,358.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			9,958,316.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			869,840.		869,840.	
	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	2,829,138.	112,920.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.	192,252.			
	c Gain or (loss)	7c	2,829,138.	-79,332.			
d Net gain or (loss)			2,749,806.		2,749,806.		
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		12,442,787.				
b Less: cost of goods sold	10b	6,846,880.					
c Net income or (loss) from sales of inventory			5,595,907.	5,321,654.	274,253.		
Miscellaneous Revenue	11 a LANTERMAN	Business Code					
		531190	2,316,692.		2,316,692.		
	b COLLEGE OF AGRICULTURE	445200	1,389,609.		1,389,609.		
	c CONFERENCE CENTER AND HOTEL	722320	17,484.		17,484.		
	d All other revenue						
e Total. Add lines 11a-11d			3,723,785.				
12 Total revenue. See instructions			36,825,650.	15,279,970.	3,998,038.	3,619,646.	

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	593,447.	593,447.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,059,103.	2,059,103.		
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	335,633.		335,633.	
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	12,649,656.	10,529,971.	2,119,685.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,495,924.	904,454.	591,470.	
9 Other employee benefits	5,561,800.	3,362,732.	2,199,068.	
10 Payroll taxes	993,374.	600,606.	392,768.	
11 Fees for services (nonemployees):				
a Management				
b Legal	12,664.		12,664.	
c Accounting	180,230.	57,034.	123,196.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	61,076.		61,076.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,865,997.	2,448,988.	417,009.	
12 Advertising and promotion	175,802.	70,048.	105,754.	
13 Office expenses	649,460.	307,700.	341,760.	
14 Information technology	478,284.	229,391.	248,893.	
15 Royalties	706,840.	21,964.	684,876.	
16 Occupancy	1,177,759.	889,910.	287,849.	
17 Travel	112,685.	53,661.	59,024.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,816.	35,506.	1,310.	
20 Interest	1,832,829.	1,749,926.	82,903.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,664,679.	2,791,570.	873,109.	
23 Insurance	367,085.	238,332.	128,753.	
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 INDIRECT COST RETURNED	2,264,477.	1,561,390.	703,087.	
b REPAIRS & MAINTENANCE	2,094,983.	517,916.	1,577,067.	
c MISCELLANEOUS	2,046,590.	2,004,664.	41,926.	
d EQUIPMENT PURCHASE	558,074.	557,432.	642.	
e All other expenses	591,756.	589,705.	2,051.	
25 Total functional expenses. Add lines 1 through 24e	43,567,023.	32,175,450.	11,391,573.	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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	6,830,865.	1	3,497,982.
	2 Savings and temporary cash investments	255,113.	2	224,279.
	3 Pledges and grants receivable, net	1,467,496.	3	2,405,331.
	4 Accounts receivable, net	7,083,842.	4	6,327,907.
	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	1,996,074.	8	1,501,046.
	9 Prepaid expenses and deferred charges	260,103.	9	71,973.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 114,691,676.		
	b Less: accumulated depreciation	10b 59,769,908.	10c	54,921,768.
	11 Investments - publicly traded securities	26,116,504.	11	26,685,054.
	12 Investments - other securities. See Part IV, line 11	2,369,897.	12	5,175,507.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	593,190.	14	553,199.
	15 Other assets. See Part IV, line 11	7,102,913.	15	4,066,533.
16 Total assets. Add lines 1 through 15 (must equal line 33)	112,439,496.	16	105,430,579.	
Liabilities	17 Accounts payable and accrued expenses	4,250,612.	17	4,023,618.
	18 Grants payable	1,970,739.	18	2,127,277.
	19 Deferred revenue	1,518,740.	19	782,017.
	20 Tax-exempt bond liabilities	42,532,592.	20	40,920,831.
	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	2,000,000.	24	0.
	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	21,710,780.	25	24,886,192.
	26 Total liabilities. Add lines 17 through 25	73,983,463.	26	72,739,935.
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	19,887,766.	27	17,938,527.
	28 Net assets with donor restrictions	18,568,267.	28	14,752,117.
	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	38,456,033.	32	32,690,644.
33 Total liabilities and net assets/fund balances	112,439,496.	33	105,430,579.	

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	36,825,650.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,567,023.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,741,373.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	38,456,033.
5	Net unrealized gains (losses) on investments	5	975,984.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
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	32,690,644.

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 in 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
b 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	
c 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	
b 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 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

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

2020

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 or 990-EZ).)
- 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 in 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.	593,447.
Total					0.	593,447.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21374165.	22450279.	24449833.	12706662.	13927996.	94908935.
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	21374165.	22450279.	24449833.	12706662.	13927996.	94908935.
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.						94908935.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	21374165.	22450279.	24449833.	12706662.	13927996.	94908935.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3245305.	4099518.	6679417.	1084803.	869,840.	15978883.
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						110887818
12 Gross receipts from related activities, etc. (see instructions)					12	182,962,004.
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 2020 (line 6, column (f), divided by line 11, column (f)).....	14	85.59 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	83.52 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 or 990-EZ).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described in line 11a above?		X
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	X	
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 of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	X	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	X	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	X	
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	X	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.

DRAFT

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

2020

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?

Yes No

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)?

Yes No

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) 2020

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? | 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		95,229,774.	49,402,527.	45,827,247.
c Leasehold improvements		143,638.	132,540.	11,098.
d Equipment		12,215,354.	10,234,841.	1,980,513.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,921,768.

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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	11,634,331.
(3) NET OPEB LIABILITY	6,818,492.
(4) ACCOUNTS PAYABLE TO THE UNIVERSITY	872,526.
(5) SPLIT INTEREST AGREEMENTS	831,894.
(6) UNITRUST LIABILITY	897,815.
(7) UNAMORTIZED GAIN ON DEBT REFUNDING	36,134.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	24,886,192.

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	44,384,925.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	975,984.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,846,880.
e	Add lines 2a through 2d	2e	7,822,864.
3	Subtract line 2e from line 1	3	36,562,061.
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	61,076.
b	Other (Describe in Part XIII.)	4b	202,513.
c	Add lines 4a and 4b	4c	263,589.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	36,825,650.

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	50,150,314.
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	6,926,212.
e	Add lines 2a through 2d	2e	6,926,212.
3	Subtract line 2e from line 1	3	43,224,102.
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	61,076.
b	Other (Describe in Part XIII.)	4b	281,845.
c	Add lines 4a and 4b	4c	342,921.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	43,567,023.

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 6,846,880.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TRANSFER OF ASSETS TO THE UNIVERSITY 281,845.

LOSS ON FIXED ASSETS DISPOSAL -79,332.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 202,513.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

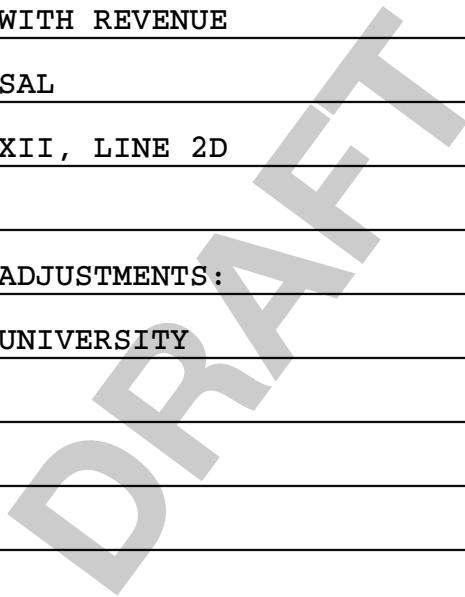
COST OF GOODS SOLD NETTED WITH REVENUE 6,846,880.

LOSS ON FIXED ASSETS DISPOSAL 79,332.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 6,926,212.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TRANSFER OF ASSETS TO THE UNIVERSITY 281,845.



**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

2020

**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 non-cash 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.	593,447.	FMV	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) 2020

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	2900	2,059,103.	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.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A SYSTEM REVENUE BONDS SERIES 2013A	95-2417645	NONE	07/17/13	10045000.	SEE SUPPLEMENTAL		X		X	X	
B SYSTEM REVENUE BONDS SERIES 2014A	95-2417645	NONE	07/31/14	12110000.	SEE SUPPLEMENTAL		X		X	X	
C SYSTEM REVENUE BONDS SERIES 2017A & B	95-2417645	NONE	02/08/17	1,950,000.	SEE SUPPLEMENTAL		X		X	X	
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired	4,275,000.				865,000.					
2 Amount of bonds legally defeased										
3 Total proceeds of issue	11,569,589.		13,966,853.		2,224,958.					
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows	11,510,309.		13,905,881.		2,222,571.					
7 Issuance costs from proceeds	59,280.		60,972.		2,386.					
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2026		2035		2024					
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X				
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X		X					
16 Has the final allocation of proceeds been made?	X		X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION
SYSTEM REVENUE BONDS SERIES 2013A

FACILITIES LEASE AGREEMENT (CAPITAL LEASE) WITH THE STATE OF CALIFORNIA, ACTING THROUGH THE BOARD OF TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY (BOARD) TO REFUND AND DEFEASE A PORTION OF THE 2005A SERIES BONDS. THE BOARD ASSISTED THE FOUNDATION BY ISSUING ITS SYSTEM REVENUE BONDS IN 2013-14 (SERIES 2013A) AND APPLIED THE PROCEEDS OF SUCH BONDS TO REDEEM THE 2005 SERIES BONDS MATURING ON AND AFTER 2015 THROUGH 2027. THE BOARD LEASED THE PROJECT TO THE FOUNDATION PURSUANT TO THE CAPITAL LEASE, SUBJECT TO THE FOLLOWING GENERAL TERMS AND CONDITIONS: (I) THE MAXIMUM ANNUAL DEBT SERVICE UNDER THE CAPITAL LEASE IS \$1,443,375 AND THE SCHEDULED TERM OF THE CAPITAL LEASE IS 22 YEARS FROM JULY 2013 THROUGH NOVEMBER 2035. PROCEEDS RECEIVED IN EXCESS OF THE DEBT ARE ADDED TO THE MATURITY AMOUNT AND AMORTIZED TO INTEREST EXPENSE OVER THE LIFE OF THE LIABILITY. THE SERIES 2013A BONDS INCLUDED A PREMIUM OF \$1,524,589, WHICH IS AMORTIZED USING THE STRAIGHT-LINE METHOD. AMORTIZATION FOR THE SERIES 2013A BONDS RECOGNIZED DURING THE 2020-21 YEAR WAS \$110,879. THE DIFFERENCE BETWEEN THE REACQUISITION PRICE AND THE NET CARRYING AMOUNT ON THE SERIES 2005A REFUNDED DEBT IS

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*
DEFERRED AND AMORTIZED AS A COMPONENT OF INTEREST EXPENSE OVER THE LIFE OF THE NEW DEBT. PAYMENTS TO THE REFUNDING ESCROW AGENT EXCEEDED THE EXISTING CARRYING VALUE OF THE REFUNDED DEBT BY \$520,246. AMORTIZATION OF \$37,836 WAS RECOGNIZED DURING THE 2020-21 YEAR.

SYSTEM REVENUE BONDS SERIES 2014A

FACILITIES LEASE AGREEMENT (CAPITAL LEASE) WITH THE STATE OF CALIFORNIA, ACTING THROUGH THE BOARD OF TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY (BOARD) TO REFUND AND DEFEASE THE REMAINING PORTION OF THE 2005A SERIES BONDS. THE BOARD ASSISTED THE FOUNDATION BY ISSUING ITS SYSTEM REVENUE BONDS IN 2014-15 (SERIES 2014A) AND APPLIED THE PROCEEDS OF SUCH BONDS TO REDEEM THE 2005A SERIES BONDS MATURING ON AND AFTER 2027 THROUGH 2035. THE BOARD LEASED THE PROJECT TO THE FOUNDATION PURSUANT TO THE CAPITAL LEASE, SUBJECT TO THE FOLLOWING GENERAL TERMS AND CONDITIONS: (I) THE MAXIMUM ANNUAL DEBT SERVICE UNDER THE CAPITAL LEASE IS \$1,676,000 AND THE SCHEDULED TERM OF THE CAPITAL LEASE IS 21 YEARS FROM JULY 2014 THROUGH NOVEMBER 2035.

PROCEEDS RECEIVED IN EXCESS OF THE DEBT ARE ADDED TO THE MATURITY AMOUNT AND AMORTIZED TO INTEREST EXPENSE OVER THE LIFE OF THE LIABILITY. THE SERIES 2014A BONDS INCLUDED A PREMIUM OF \$1,856,853, WHICH IS AMORTIZED USING THE STRAIGHT-LINE METHOD. AMORTIZATION OF \$87,553 WAS RECOGNIZED DURING THE 2020-21 YEAR FOR SERIES 2014A BONDS.

THE DIFFERENCE BETWEEN THE REACQUISITION PRICE AND THE NET CARRYING AMOUNT ON THE SERIES 2005A REFUNDED DEBT IS DEFERRED AND AMORTIZED AS A COMPONENT OF INTEREST EXPENSE OVER THE LIFE OF THE NEW DEBT. PAYMENTS TO THE REFUNDING ESCROW AGENT EXCEEDED THE EXISTING CARRYING VALUE OF THE REFUNDED DEBT BY \$19,891. AMORTIZATION OF \$938 WAS RECOGNIZED DURING THE 2020-21 YEAR.

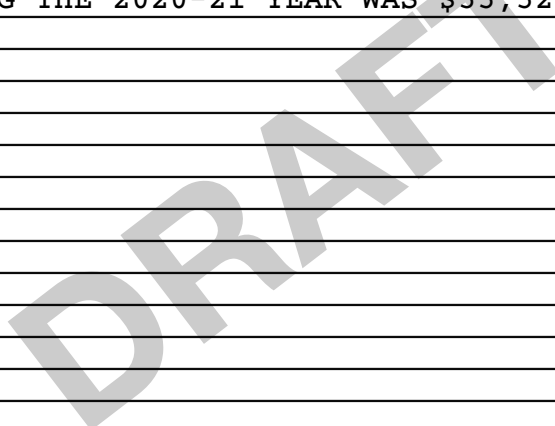
SYSTEM REVENUE BONDS SERIES 2017A&B

FACILITIES LEASE AGREEMENT (CAPITAL LEASE) WITH THE STATE OF CALIFORNIA, ACTING THROUGH THE BOARD OF TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY (BOARD) TO REFUND AND DEFEASE THE 2007 SERIES BONDS. THE BOARD ASSISTED THE FOUNDATION BY ISSUING ITS SYSTEM REVENUE BONDS IN 2016-17 (SERIES 2017A&B) AND APPLIED THE PROCEEDS OF SUCH BONDS TO REDEEM THE 2007 SERIES BONDS MATURING ON AND AFTER 2017 THROUGH 2024. THE BOARD LEASED THE PROJECT TO THE FOUNDATION PURSUANT TO THE CAPITAL

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

LEASE, SUBJECT TO THE FOLLOWING GENERAL TERMS AND CONDITIONS: (I) THE MAXIMUM ANNUAL DEBT SERVICE UNDER THE CAPITAL LEASE IS \$302,875 AND THE SCHEDULED TERM OF THE CAPITAL LEASE IS 7 YEARS FROM FEBRUARY 2017 THROUGH NOVEMBER 2024. THE REFUNDING GENERATED A CASH FLOW SAVINGS OF \$306,116 AND A NET PRESENT VALUE OF \$289,963.

PROCEEDS RECEIVED IN EXCESS OF THE DEBT ARE ADDED TO THE MATURITY AMOUNT AND AMORTIZED TO INTEREST EXPENSE OVER THE LIFE OF THE LIABILITY. THE SERIES 2017A&B BONDS INCLUDED A PREMIUM OF \$274,958, WHICH IS AMORTIZED USING THE STRAIGHT-LINE METHOD. AMORTIZATION FOR THE SERIES 2017A&B BONDS RECOGNIZED DURING THE 2020-21 YEAR WAS \$33,328.



SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

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

SERVICE, ACADEMIC SUPPORT, STUDENT SERVICES, INSTITUTIONAL SUPPORT,

CAPITAL PROJECTS, AND STUDENT GRANTS AND SCHOLARSHIPS.

EXPENSES \$ 24,471,003. INCL GRANTS OF \$ 2,652,550. REVENUE \$ 2,921,087.

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 OF 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 or 990-EZ) 2020

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 18:

AVAILABLE ON THE WEBSITE AND UPON REQUEST.

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

2020
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) 2020

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	593,447.	BOOK VALUE
(2) CALIFORNIA STATE POLYTECHNIC UNIVERSITY, PONOMA	J	1,192,103.	BOOK VALUE
(3) CALIFORNIA STATE POLYTECHNIC UNIVERSITY, PONOMA	K	1,460,000.	BOOK VALUE
(4) CALIFORNIA STATE POLYTECHNIC UNIVERSITY	P	10,427,171.	BOOK VALUE
(5)			
(6)			

Part VII Supplemental Information

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

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

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 - UBIT-LANTERMAN	538,122.
FEDERAL POST-2017 NET OPERATING LOSS - DINING/HOTEL	731,001.
FEDERAL PRE-2018 NET OPERATING LOSS	1,054,068.
CA NET OPERATING LOSS	3,130,665.

DRAFT

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

CAL POLY POMONA FOUNDATION, INC.

95-2417645

Name and title of officer or person subject to tax

**JOANNE MATHEW
DIR OF FINANCIAL SERVICES/CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize ALDRICH CPAS AND ADVISORS, LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ ***** THIS IS NOT A FILEABLE COPY *** Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93175612081
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ _____ Date ▶ 02/14/22

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CAL POLY POMONA FOUNDATION, INC.	Taxpayer identification number (TIN) 95-2417645
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3801 WEST TEMPLE AVE BLDG #55	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. POMONA, CA 91768-4038	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOANNE MATHEW

- The books are in the care of ▶ **3801 W. TEMPLE AVE BLDG #55 - POMONA, CA 91768-4038**
Telephone No. ▶ **909-869-3154** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

2020

For calendar year 2020 or other tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

▶ **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).**

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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"/> 529S</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CAL POLY POMONA FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 3801 WEST TEMPLE AVE BLDG #55</p> <p>City or town, state or province, country, and ZIP or foreign postal code POMONA, CA 91768-4038</p>	<p>D Employer identification number 95-2417645</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 105,430,579.</p>			
<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity</p>			
<p>H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) ▶ 3</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶</p>			
<p>L The books are in care of ▶ JOANNE MATHEW Telephone number ▶ 909-869-3154</p>			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	484,159.
2 Reserved	2	
3 Add lines 1 and 2	3	484,159.
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	484,159.
6 Deduction for net operating loss. See instructions STATEMENT 1	6	484,159.
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		0.
3	Other taxes. 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		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2019 overpayment credited to 2020	6a		
b	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	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 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	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 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2020 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		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4a Did the organization change its method of accounting? (see instructions)		X
b If 4a 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 4b. Also, provide any other additional information. See instructions.

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: _____ Date: _____ Title: **DIR OF FINANCIAL SERVICES/CFO**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name: **DEBRA D. SMITH** Preparer's signature: **DEBRA D. SMITH** Date: **02/14/22** Check if self-employed 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**

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 1,538,227.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 484,159.

SCHEDULE A ENTITY	SCHEDULE A SHARE
1	0.
3	0.
4	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.
 NET OPERATING DEDUCTION 484,159.
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.
 EXPIRING NET OPERATING LOSSES 0.
 CARRY FORWARD OF NET OPERATING LOSS 1,054,068.

DRAFT

**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).

ENTITY 1

OMB No. 1545-0047

2020

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>1,389,610.</u>				
b Less returns and allowances _____ c Balance ▶	1c	1,389,610.		
2 Cost of goods sold (Part III, line 8) _____	2	301,013.		
3 Gross profit. Subtract line 2 from line 1c _____	3	1,088,597.		1,088,597.
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	1,088,597.		1,088,597.

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 _____				2 127,453.
3 Repairs and maintenance _____				3 17,920.
4 Bad debts _____				4
5 Interest (attach statement) (see instructions) _____				5
6 Taxes and licenses _____				6
7 Depreciation (attach Form 4562) (see instructions) _____	7	678.		
8 Less depreciation claimed in Part III and elsewhere on return _____	8a			8b 678.
9 Depletion _____				9
10 Contributions to deferred compensation plans _____				10
11 Employee benefit programs _____				11 44,323.
12 Excess exempt expenses (Part VIII) _____				12
13 Excess readership costs (Part IX) _____				13
14 Other deductions (attach statement) _____ SEE STATEMENT 2				14 507,482.
15 Total deductions. Add lines 1 through 14 _____				15 697,856.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____				16 390,741.
17 Deduction for net operating loss (see instructions) _____				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16 _____				18 390,741.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation N/A

Table with 8 rows and 2 columns. Row 1: Inventory at beginning of year 0. Row 2: Purchases 301,013. Row 3: Cost of labor 0. Row 4: Additional section 263A costs 0. Row 5: Other costs 0. Row 6: Total 301,013. Row 7: Inventory at end of year 0. Row 8: Cost of goods sold 301,013. Row 9: Do the rules of section 263A apply? Yes No

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

Table with 5 rows and 4 columns (A, B, C, D). Row 1: Description of property. Row 2: Rent received or accrued. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table with 11 rows and 4 columns (A, B, C, D). Row 1: Description of debt-financed property. Row 2: Gross income from or allocable to debt-financed property. Row 3: Deductions directly connected with or allocable to debt-financed property. Row 4: Amount of average acquisition debt. Row 5: Average adjusted basis. Row 6: Divide line 4 by line 5. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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	6. Deductions directly connected with income in column 5
(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 DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
ADVERTISING		1,680.	
UTILITIES		23,602.	
OFFICE EXPENSES		105,438.	
SERVICES		193,830.	
INSURANCE		1,282.	
TRAVEL & MEALS		584.	
BANK CARD FEES		14,808.	
AGRICULTURAL		104,919.	
GENERAL AND ADMINISTRATION		61,339.	
TOTAL TO SCHEDULE A, PART II, LINE 14		507,482.	

DRAFT

**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).

ENTITY 3

OMB No. 1545-0047

2020

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: 2 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>2,316,692.</u>				
b Less returns and allowances _____ c Balance ▶	1c	2,316,692.		
2 Cost of goods sold (Part III, line 8) _____	2			
3 Gross profit. Subtract line 2 from line 1c _____	3	2,316,692.		2,316,692.
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	2,316,692.		2,316,692.

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 1,368,684.
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 3				14 854,590.
15 Total deductions. Add lines 1 through 14 _____				15 2,223,274.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____				16 93,418.
17 Deduction for net operating loss (see instructions) _____				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16 _____				18 93,418.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

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

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income, deductions, average acquisition debt, average adjusted basis, and total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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	6. Deductions directly connected with income in column 5
(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.

Table with 4 columns (A, B, C, D) and 2 rows. Row 2: Gross advertising income. Row 3: Add columns A through D. Total: 0.

Table with 4 columns (A, B, C, D) and 2 rows. Row 3: Direct advertising costs by periodical. Row 4: Add columns A through D. Total: 0.

Table with 4 columns (A, B, C, D) and 8 rows. Rows 4-8: Advertising gain (loss), Readership costs, Circulation income, Excess readership costs. Row 9: Add line 8, columns A through D. Total: 0.

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

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1) through (4) and a Total row.

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
GENERAL AND ADMINISTRATIVE SERVICES	104,251.
MEALS & REFRESHMENTS	70,599.
RENT	564.
	679,176.
TOTAL TO SCHEDULE A, PART II, LINE 14	854,590.

DRAFT

**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).

ENTITY 4

OMB No. 1545-0047

2020

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: 3 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>274,253.</u>				
b Less returns and allowances _____ c Balance ▶	1c	274,253.		
2 Cost of goods sold (Part III, line 8) _____	2	58,607.		
3 Gross profit. Subtract line 2 from line 1c _____	3	215,646.		215,646.
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	17,484.		17,484.
13 Total. Combine lines 3 through 12 _____	13	233,130.		233,130.

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			379,759.
3 Repairs and maintenance _____	3			124,686.
4 Bad debts _____	4			
5 Interest (attach statement) (see instructions) _____	5			
6 Taxes and licenses _____	6			
7 Depreciation (attach Form 4562) (see instructions) _____	7	30,559.		
8 Less depreciation claimed in Part III and elsewhere on return _____	8a			30,559.
9 Depletion _____	9			
10 Contributions to deferred compensation plans _____	10			
11 Employee benefit programs _____	11			118,705.
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			310,422.
15 Total deductions. Add lines 1 through 14 _____	15			964,131.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____	16			-731,001.
17 Deduction for net operating loss (see instructions) _____	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16 _____	18			-731,001.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	0.
2	Purchases	2	58,607.
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	58,607.
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	58,607.
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"/>					
2	Rent received or accrued	A	B	C	D	
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"/>					
2	Gross income from or allocable to debt-financed property	A	B	C	D	
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)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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	6. Deductions directly connected with income in column 5
(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 checkboxes

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

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 4 rows (Advertising gain (loss), Readership costs, Circulation income, Excess readership costs)

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

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

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business)

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)	OTHER INCOME	STATEMENT	4
DESCRIPTION		AMOUNT	
KELLOGG HOUSE		1,464.	
HOTEL		16,020.	
TOTAL TO SCHEDULE A, PART I, LINE 12		17,484.	

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT	5
DESCRIPTION		AMOUNT	
RENT		42,111.	
ADVERTISING		6,620.	
UTILITIES		34,521.	
OFFICE EXPENSES		77,083.	
TRAVEL & MEALS		416.	
SERVICES		37,163.	
INSURANCE		33,341.	
BANK CARD FEES		8,189.	
OTHER EXPENSES		70,978.	
TOTAL TO SCHEDULE A, PART II, LINE 14		310,422.	

DRAFT

California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021

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 BLDG #55 PMB no.

City POMONA State CA ZIP code 91768-4038

Foreign country name Foreign province/state/country Foreign postal code

A First return B Amended return C IRC Section 4947(a)(1) trust D Final information return E Check accounting method F Federal return filed G Is this a group filing H Is this organization in a group exemption I Did the organization have any changes to its guidelines J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L Is the organization a limited liability company? M Did the organization file Form 100 or Form 109 to report taxable income? N Is the organization under audit by the IRS or has the IRS audited in a prior year? O Is federal Form 1023/1024 pending?

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

Table with 16 rows for Receipts and Revenues, Expenses, and Filing Fee. Includes line items for gross sales, costs, and total gross income.

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 DIR OF FINANCI Date Telephone

Paid Preparer's Use Only Preparer's signature DEBRA D. SMITH Date 02/14/22 Check if self-employed P00646873

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 Firm's FEIN 93-0623286 Telephone (619) 810-4940

May the FTB discuss this return with the preparer shown above? See instructions X Yes 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.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	12,442,787	00		
	2	Interest	•	2	89,948	00		
	3	Dividends	•	3	779,892	00		
	4	Gross rents	•	4		00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	2,942,058	00	
	7	Other income	SEE STATEMENT 4	•	7	13,682,101	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	29,936,786	00	
	9	Contributions, gifts, grants, and similar amounts paid	STATEMENT 5	•	9	2,652,550	00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 6	•	11	335,633	00	
	12	Other salaries and wages		•	12	12,649,656	00	
	Expenses and Disbursements	13	Interest	•	13	1,832,829	00	
		14	Taxes	•	14	993,374	00	
		15	Rents	•	15	1,177,759	00	
		16	Depreciation and depletion (See instructions)		•	16	3,664,679	00
		17	Other expenses and disbursements	SEE STATEMENT 7	•	17	20,260,543	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	43,567,023	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		7,085,978		• 3,722,261
2 Net accounts receivable		7,083,842		• 6,327,907
3 Net notes receivable				•
4 Inventories		1,996,074		• 1,501,046
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments STMT 8		28,486,401		• 31,860,561
10 a Depreciable assets	108,031,697		107,588,766	
b Less accumulated depreciation	(56,502,108)	51,529,589	(59,769,908)	47,818,858
11 Land		6,833,910		• 7,102,910
12 Other assets STMT 9		9,423,702		• 7,097,036
13 Total assets		112,439,496		105,430,579
Liabilities and net worth				
14 Accounts payable		4,250,612		• 4,023,618
15 Contributions, gifts, or grants payable		1,970,739		• 2,127,277
16 Bonds and notes payable STMT 10		42,532,592		• 40,920,831
17 Mortgages payable				•
18 Other liabilities STMT 11		25,229,520		25,668,209
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		38,456,033		• 32,690,644
22 Total liabilities and net worth		112,439,496		105,430,579

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	• -5,765,389	7	Income recorded on books this year not included in this return STMT 12	• 975,984
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	975,984
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	-6,741,373
6	Total. Add line 1 through line 5	-5,765,389			

CA 199 CASH CONTRIBUTIONS STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
UNITED STATES DEPARTMENT OF EDUCATION	400 MARYLAND AVENUE, SW WASHINGTON, DC 20202		9,472,326.
AIR FORCE RESEARCH LABORATORY	5 POLLUX DRIVE EDWARDS AFB, CA 93524		1,000,000.
TOTAL INCLUDED ON LINE 3			<u>10,472,326.</u>

DRAFT

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.	6,846,880	
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES		
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		6,846,880
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7)		6,846,880

DRAFT

CA 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
SALE OF INVESTMENTS			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	2,777,558.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
COMMONFUND SALES			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	0.	0.	0.	51,580.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
PROPERTY PLANT & EQUIPMENT			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	549,140.	356,888.	0.	112,920.

TOTAL TO FORM 199, PAGE 2, LN 6	549,140.	356,888.	0.	2,942,058.
---------------------------------	----------	----------	----	------------

CA 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
CONFERENCE CENTER AND HOTEL LANTERMAN	17,484.
COLLEGE OF AGRICULTURE TUITION FEES	2,316,692.
OTHER OPERATING REVENUE	1,389,609.
STUDENT HOUSING	968,655.
ENTERPRISE ACTIVITIES	6,709,399.
TOTAL TO FORM 199, PART II, LINE 7	1,335,904.
	944,358.
	13,682,101.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	5
--------	---	-----------	---

ACTIVITY CLASSIFICATION: CHARITABLE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CALIFORNIA STATE POLYTECHNIC UNIVERSITY	3801 W TEMPLE AVE - POMONA, CA 91775	NONE	593,447.

TOTAL FOR THIS ACTIVITY	593,447.
-------------------------	----------

TOTAL INCLUDED ON FORM 199, PART II, LINE 9	593,447.
---	----------

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	6
--------	--	-----------	---

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
SORAYA COLEY 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	CHAIRMAN 0.50	0.
SYLVIA ALVA 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
JOHN MCGUTHRY 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
CHRISTINA GONZALES 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
DANIEL MONTPLAISIR 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.

LEA DOPSON 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	SECRETARY/TREASURY 0.50	0.
JARED CEJA - START MARCH 2020 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	EXECUTIVE DIRECTOR/CEO 40.00	232,465.
RANDALL L. TOWNSEND 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	IT/MIS DIRECTOR 40.00	0.
PHYLLIS NELSON 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
AARON NIELSEN 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DIRECTOR OF DINING 40.00	0.
HOMEYRA SADAGHIANI 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	FACULTY DIRECTOR 0.50	0.
CLINT AASE 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DIRECTOR OF BOOKSTORE 40.00	0.
RICARDO QUINTERO 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	SENIOR DIRECTOR, PRE-COLLE 40.00	0.
DAVID CORRAL 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	ASSOCIATE DIRECTOR, DINING 40.00	0.
STEPHANIE PASTOR 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
DEBORAH GOMAN 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	STAFF DIRECTOR 0.50	0.
APRIL JIMENEZ-VALDEZ 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	STAFF DIRECTOR 0.50	0.
DAVID SPEAK 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	FACULTY DIRECTOR 0.50	0.

JOANNE MATHEW - START NOV. 2020 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DIRECTOR OF FINANCIAL SERV 40.00	103,168.
LUCY YU 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	DESIGNATED DIRECTOR 0.50	0.
KASSANDRA LOPEZ 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	STUDENT DIRECTOR 0.50	0.
ARAZ MANDELIAN 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	STUDENT DIRECTOR 0.50	0.
CYNTHIA NELSON 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	MEMBER AT LARGE 0.50	0.
MARK SHIN 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	MEMBER AT LARGE 0.50	0.
ERICA FRAUSTO 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	MEMBER AT LARGE 0.50	0.
MEI LIEN CHANG 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	MEMBER AT LARGE 0.50	0.
OLIVER SANTOS 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	COMMUNITY MEMBER 0.50	0.
LOWELL OVERTON 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	COMMUNITY MEMBER 0.50	0.
MARYANN TOLANO-LEVEQUE 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	MEMBER AT LARGE 0.50	0.
RUBY SUCHECKI 3801 WEST TEMPLE AVE BLDG #55 POMONA, CA 91768-4038	COMMUNITY MEMBER 0.50	0.
TOTAL TO FORM 199, PART II, LINE 11		<u>335,633.</u>

CA 199	OTHER EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
INDIRECT COST RETURNED		2,264,477.	
REPAIRS & MAINTENANCE		2,094,983.	
MISCELLANEOUS		2,046,590.	
EQUIPMENT PURCHASE		558,074.	
PENSION PLAN CONTRIBUTIONS		1,495,924.	
OTHER EMPLOYEE BENEFITS		5,561,800.	
LEGAL FEES		12,664.	
ACCOUNTING FEES		180,230.	
INVESTMENT MANAGEMENT FEES		61,076.	
OTHER PROFESSIONAL FEES		2,865,997.	
ADVERTISING AND PROMOTION		175,802.	
OFFICE EXPENSES		649,460.	
INFORMATION TECHNOLOGY		478,284.	
ROYALTIES		706,840.	
TRAVEL		112,685.	
CONFERENCES AND CONVENTIONS		36,816.	
INSURANCE		367,085.	
ALL OTHER EXPENSES		591,756.	
TOTAL TO FORM 199, PART II, LINE 17		20,260,543.	

CA 199	OTHER INVESTMENTS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
MUTUAL FUNDS	26,116,504.	26,685,054.	
ALTERNATIVE INVESTMENTS	2,369,897.	5,175,507.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	28,486,401.	31,860,561.	

CA 199	OTHER ASSETS	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	1,467,496.	2,405,331.	
PREPAID EXPENSES AND DEFERRED CHARGES	260,103.	71,973.	
INTANGIBLE ASSETS	593,190.	553,199.	
ASSETS HELD FOR SALE	402,900.	330,246.	
UNAMORTIZED LOSS ON DEBT REFUNDING	272,889.	234,115.	
NET PENSION LIABILITY	3,826,378.	2,858,766.	
NET OPEB LIABILITY	2,600,746.	643,406.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	9,423,702.	7,097,036.	

CA 199	BONDS AND NOTES PAYABLE	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
TAX-EXEMPT BONDS LIABILITIES	42,532,592.	40,920,831.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	42,532,592.	40,920,831.

CA 199	OTHER LIABILITIES	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET PENSION LIABILITY	9,539,724.	11,634,331.
NET OPEB LIABILITY	8,428,465.	6,818,492.
ACCOUNTS PAYABLE TO THE UNIVERSITY	2,289,213.	872,526.
SPLIT INTEREST AGREEMENTS	700,802.	831,894.
UNITRUST LIABILITY	707,015.	897,815.
UNAMORTIZED GAIN ON DEBT REFUNDING	45,561.	36,134.
PAYCHECK PROTECTION PROGRAM LOAN	0.	3,795,000.
DEFERRED REVENUE	1,518,740.	782,017.
UNSECURED NOTES AND LOANS PAYABLE	2,000,000.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	25,229,520.	25,668,209.

CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 12
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON INVESTMENTS		975,984.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		975,984.

CA 199	FUND BALANCES	STATEMENT 13
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	19,887,766.	17,938,527.
NET ASSETS WITH DONOR RESTRICTIONS	18,568,267.	14,752,117.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	38,456,033.	32,690,644.

TAXABLE YEAR
2020

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	43,864,782
2 Total gross income (Form 199, line 8)	2	36,825,650
3 Total expenses and disbursements (Form 199, line 9)	3	43,567,023

Part II Settle Your Account Electronically for Taxable Year 2020

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

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 2020 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 to 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, 2020 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 checked="" 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 7676 HAZARD CENTER DRIVE, STE 1300 SAN DIEGO, CA			Firm's FEIN 93-0623286 ZIP code 92108

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 _____
Must Sign	Firm's name (or yours if self-employed) and address	Firm's FEIN _____ ZIP code _____		

California Exempt Organization
Business Income Tax Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) **07/01/2020**, and ending (mm/dd/yyyy) **06/30/2021**

Corporation/Organization name **CAL POLY POMONA FOUNDATION, INC.** California corporation number **0505207**

Additional information. See instructions. FEIN **95-2417645**

Street address (suite/room no.) **3801 WEST TEMPLE AVE BLDG #55** PMB no.

City (If the corporation has a foreign address, see instructions.) **POMONA** State **CA** ZIP code **91768-4038**

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed? Yes No
- B Is this an education IRA within the meaning of R&TC Section 23712? Yes No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
- D Final return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
Enter date (mm/dd/yyyy)
- E Amended return? Yes No
- F Accounting method used: (1) Cash (2) Accrual (3) Other
- G Nature of trade or business **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 **445200**
- 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	-246,842	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	-246,842	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	-246,842	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	6		00
	7	Net Operating Loss deduction. See General Information N	7		00
	8	Add line 6 and line 7	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	-246,842	00
	10	Tax 8.84 % x line 9. See General Information J	10		00
	11	Tax credits from Schedule B. See instructions	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12		00
	13	Alternative minimum tax. See General Information O	13		00
	14	Total tax. Add line 12 and line 13	14		00
Payments	15	Overpayment from a prior year allowed as a credit	15		00
	16	2020 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 2021 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	3,980,555	b Less returns and allowances		c Balance	• 1c	3,980,555	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					• 2	359,620	00
3 Gross profit. Subtract line 2 from line 1c					• 3	3,620,935	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	17,484	00
13 Total unrelated trade or business income. Add line 3 through line 12					• 13	3,638,419	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	507,212	00
16 Repairs					• 16	1,511,290	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	31,237	00				
b Less: depreciation claimed on Schedule A	• 21b		00	21		31,237	00
22 Depletion					• 22		00
23 a Contributions to deferred compensation plans					• 23a		00
b Employee benefit programs					• 23b	163,028	00
24 Other deductions		SEE STATEMENT 16			• 24	1,672,494	00
25 Total deductions. Add line 14 through line 24					• 25	3,885,261	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13					• 26	-246,842	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	-246,842	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	-246,842	00

Sign Here

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title DIR OF FINANCIAL S	Date	• Telephone
Preparer's signature DEBRA D. SMITH	Date 02/14/22	Check if self-employed <input type="checkbox"/>	• PTIN P00646873
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			• Firm's FEIN 93-0623286 • 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

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	359,620	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	359,620	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	359,620	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

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

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

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer identification number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)
1				
2				
3				

4 Add columns 5 and 10

5 Add columns 6 and 11

6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero

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, same structure as Part I, for separate basis reporting.

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
KELLOGG HOUSE	1,464.
HOTEL	16,020.
TOTAL TO FORM 109, PAGE 2, LINE 12	17,484.

CA 109	OTHER DEDUCTIONS	STATEMENT	16
--------	------------------	-----------	----

DESCRIPTION	AMOUNT
ADVERTISING	1,680.
UTILITIES	23,602.
OFFICE EXPENSES	105,438.
SERVICES	193,830.
INSURANCE	1,282.
TRAVEL & MEALS	584.
BANK CARD FEES	14,808.
AGRICULTURAL	104,919.
GENERAL AND ADMINISTRATION	61,339.
GENERAL AND ADMINISTR	104,251.
SERVICES	70,599.
MEALS & REFRESHMENTS	564.
RENT	42,111.
ADVERTISING	6,620.
UTILITIES	34,521.
OFFICE EXPENSES	77,083.
TRAVEL & MEALS	416.
SERVICES	37,163.
INSURANCE	33,341.
BANK CARD FEES	8,189.
OTHER EXPENSES	70,978.
RENT	679,176.
TOTAL TO FORM 109, PAGE 2, LINE 24	1,672,494.

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	246,842	00
2	2020 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	246,842	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	246,842	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	246,842	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	0
---	---	-----------------------	---

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 2019	(f) Amount used in 2020	(g) Available balance	(h) Carryover to 2021 col. (e) minus col. (f)
2							
			SEE STATEMENT 17				

Current Year NOLs

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) col. (d) minus col. (f) See instructions.
3	2020		DIS					
4	2020		GEN	246,842				246,842
	2020							
	2020							
	2020							

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

Part III 2020 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1		00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3		0 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.	0.	0.	173,477.	
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.	
TOTALS		2,883,823.	0.		2,883,823.	

DRAFT

**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

(For Registry Use Only)

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.

<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 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 E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <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>
---	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Gross Annual Revenue \$ <u>36,825,650</u>	Noncash Contributions \$ <u>0</u>	Total Assets \$ <u>105,430,579</u>
Program Expenses \$ <u>32,175,450</u>	Total Expenses \$ <u>43,567,023</u>	

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.

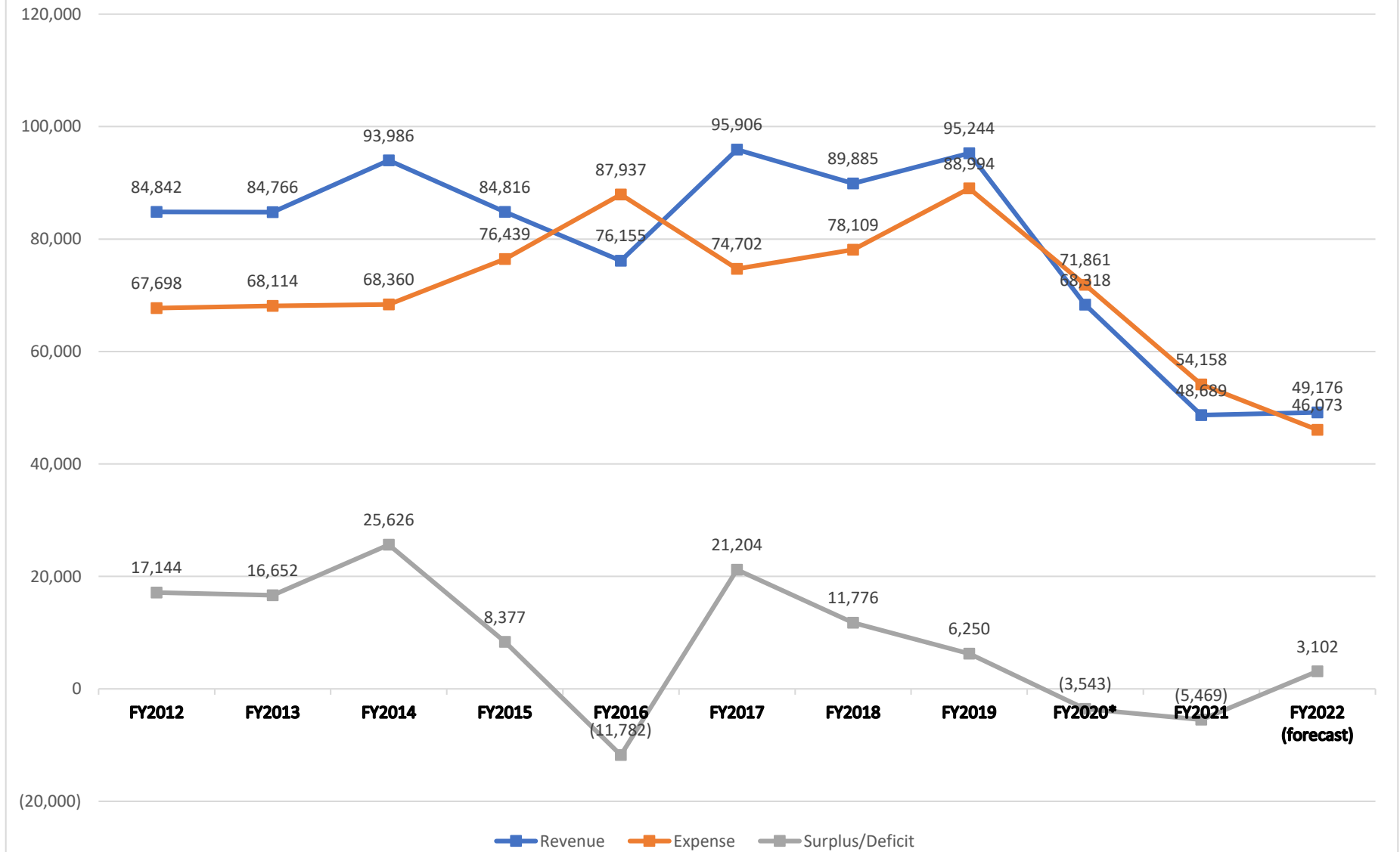
	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During 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.

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

Cal Poly Pomona Foundation

Revenue, Expenses, & Surplus/(Deficit)



Memorandum

Date: February 18, 2022

To: Finance & Investment Committee

From: Jared Ceja, Executive Director/CEO

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) PEPPRA Miscellaneous Plan



The California Public Employee Retirement System (CalPERS) released new financial reports for the FY ending June 30, 2020 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 2022-23 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 with an estimated funding level of 80.5%. The projected employer contribution rate for FY 2022-23 is 12.32% of covered payroll. This is a slight cost rate decrease from the FY 2021-22 rate of 12.34%.
- Miscellaneous Second Tier Plan is based on 2% at 60 formula with an estimated funding level of 93.6%. The projected employer contribution rate for FY 2022-23 is 8.63%. This is a slight cost rate decrease from the FY 2021-22 rate of 8.65%.
- PEPPRA Miscellaneous Plan based on 2% at 62 formula with an estimated funding level of 91.8%. The projected employer contribution rate for FY 2022-23 is 7.47%. This is a moderate cost rate decrease from the FY 2021-22 rate of 7.59%.

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. No such additional payments are planned until our financial results substantially recover.

Required Employer Contributions

	Fiscal Year
Required Employer Contributions	2022-23
Employer Normal Cost Rate	12.32%
<i>Plus</i>	
Required Payment on Amortization Bases¹	\$949,025
<i>Paid either as</i>	
1) Monthly Payment	\$79,085.42
<i>Or</i>	
2) Annual Prepayment Option*	\$917,457
<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>	

	Fiscal Year	Fiscal Year
	2021-22	2022-23
Development of Normal Cost as a Percentage of Payroll		
Base Total Normal Cost for Formula	17.25%	17.24%
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	19.25%	19.24%
Formula's Expected Employee Contribution Rate	6.91%	6.92%
Employer Normal Cost Rate	12.34%	12.32%

¹ The required payment on amortization bases does not take into account any additional discretionary payment made after April 30, 2021.

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, 2019	June 30, 2020
1. Present Value of Projected Benefits (PVB)	\$63,399,871	\$64,777,243
2. Entry Age Accrued Liability (AL)	57,826,777	60,797,996
3. Plan's Market Value of Assets (MVA)	47,429,503	48,922,702
4. Unfunded Accrued Liability (UAL) [(2) - (3)]	10,397,274	11,875,294
5. Funded Ratio [(3) / (2)]	82.0%	80.5%

This measure of funded status is an assessment of the need for future employer contributions based on the selected 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. For a measure of funded status that is 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. Actual contribution rates during this projection period could be significantly higher or lower than the projection shown below.

	Required Contribution	Projected Future Employer Contributions (Assumes 7.00% Return for Fiscal Year 2020-21)				
Fiscal Year	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
	Rate Plan 10123 Results					
Normal Cost %	12.32%	12.3%	12.3%	12.3%	12.3%	12.3%
UAL Payment	\$949,025	\$1,044,000	\$1,145,000	\$1,207,000	\$1,264,000	\$1,293,000

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 modeling and projection tool, Pension Outlook, is available in the Employers section of the CalPERS website. Pension Outlook is a tool to help plan and budget pension costs into the future with results and charts that are easy to understand.

Required Employer Contributions

	Fiscal Year
Required Employer Contributions	2022-23
Employer Normal Cost Rate	8.63%
<i>Plus</i>	
Required Payment on Amortization Bases¹	\$8,992
<i>Paid either as</i>	
1) Monthly Payment	\$749.33
<i>Or</i>	
2) Annual Prepayment Option*	\$8,693
<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>	

	Fiscal Year	Fiscal Year
	2021-22	2022-23
Development of Normal Cost as a Percentage of Payroll		
Base Total Normal Cost for Formula	15.57%	15.56%
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	15.57%	15.56%
Formula's Expected Employee Contribution Rate	6.92%	6.93%
Employer Normal Cost Rate	8.65%	8.63%

¹ The required payment on amortization bases does not take into account any additional discretionary payment made after April 30, 2021.

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, 2019	June 30, 2020
1. Present Value of Projected Benefits (PVB)	\$3,843,583	\$3,922,321
2. Entry Age Accrued Liability (AL)	1,789,815	1,997,792
3. Plan's Market Value of Assets (MVA)	1,726,286	1,870,169
4. Unfunded Accrued Liability (UAL) [(2) - (3)]	63,529	127,623
5. Funded Ratio [(3) / (2)]	96.5%	93.6%

This measure of funded status is an assessment of the need for future employer contributions based on the selected 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. For a measure of funded status that is 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. Actual contribution rates during this projection period could be significantly higher or lower than the projection shown below.

	Required Contribution	Projected Future Employer Contributions (Assumes 7.00% Return for Fiscal Year 2020-21)				
Fiscal Year	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
	Rate Plan 10124 Results					
Normal Cost %	8.63%	8.6%	8.6%	8.6%	8.6%	8.6%
UAL Payment	\$8,992	\$10,000	\$12,000	\$13,000	\$15,000	\$15,000

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 modeling and projection tool, Pension Outlook, is available in the Employers section of the CalPERS website. Pension Outlook is a tool to help plan and budget pension costs into the future with results and charts that are easy to understand.

Required Employer Contributions

	Fiscal Year
Required Employer Contributions	2022-23
Employer Normal Cost Rate	7.47%
<i>Plus</i>	
Required Payment on Amortization Bases¹	\$22,422
<i>Paid either as</i>	
1) Monthly Payment	\$1,868.50
<i>Or</i>	
2) Annual Prepayment Option*	\$21,676
<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>	

	Fiscal Year	Fiscal Year
	2021-22	2022-23
Development of Normal Cost as a Percentage of Payroll		
Base Total Normal Cost for Formula	14.34%	14.22%
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	14.34%	14.22%
Plan's Employee Contribution Rate ⁴	6.75%	6.75%
Employer Normal Cost Rate	7.59%	7.47%

¹ The required payment on amortization bases does not take into account any additional discretionary payment made after April 30, 2021.

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.

⁴ For detail regarding the determination of the required PEPRA employee contribution rate see Section on PEPRA Member Contribution Rates.

Plan's Funded Status

	June 30, 2019	June 30, 2020
1. Present Value of Projected Benefits (PVB)	\$10,620,886	\$10,784,962
2. Entry Age Accrued Liability (AL)	2,861,707	3,681,209
3. Plan's Market Value of Assets (MVA)	2,700,835	3,381,115
4. Unfunded Accrued Liability (UAL) [(2) - (3)]	160,872	300,094
5. Funded Ratio [(3) / (2)]	94.4%	91.8%

This measure of funded status is an assessment of the need for future employer contributions based on the selected 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. For a measure of funded status that is 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. Actual contribution rates during this projection period could be significantly higher or lower than the projection shown below.

	Required Contribution	Projected Future Employer Contributions (Assumes 7.00% Return for Fiscal Year 2020-21)				
Fiscal Year	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
	Rate Plan 27224 Results					
Normal Cost %	7.47%	7.5%	7.5%	7.5%	7.5%	7.5%
UAL Payment	\$22,422	\$25,000	\$28,000	\$31,000	\$33,000	\$34,000

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 modeling and projection tool, Pension Outlook, is available in the Employers section of the CalPERS website. Pension Outlook is a tool to help plan and budget pension costs into the future with results and charts that are easy to understand.

Cal Poly Pomona Foundation

CommonFund History

Our relationship with the CommonFund goes back to 2000 when 100% of our Endowment portfolio was invested with them. CommonFund came into the picture as a result of them having multiple educational institutions as clients.

- Approximate valuation in FY2000: \$12 million
- Portfolio assets: Multi strategy equity and multi-strategy fixed income

These funds were handled through the Cal Poly Pomona University Educational Trust (UET) which was a public benefit corporation serving as the recipient and manager of gifts and grants for the University and for the Foundation.

The Foundation Investment Committee made the decision to invest in Alternatives, specifically in a Real Estate Investment Trust (REIT) in 2005. This was followed by private equity and multi asset in 2007. The purpose for these ventures was to reduce the volatility that came with investing in hedge funds. REIT was initiated at \$1.5M while the latter two were a total of \$1M.

With large growths in the portfolio, in 2008 the decision was made to move to Graystone Advisors as the Foundation's investment advisors. Graystone's relationship with a number of universities in the CSU system made this switch a favorable one.

- Approximate valuation in FY2008: \$18M

In February 2012 we received a large donation of \$42M from the Kellogg Foundation. The funds were categorized as endowments, which changed the status of the UET since this donation prevented it from passing the public support test, which is required as part of a provision of the IRS tax code. As a result, in 2012 the UET was dissolved and the funds were transferred to the Foundation.

- Approximate valuation in FY2012: \$68M

As of the end of December 2021, we have had total capital called of \$2.4M with a remaining capital of \$68K to be called. Total capital distributions as of December are \$1.9M. We have had an internal rate of return of 13.3% amounting to approximately \$504K.

We anticipate our commitment with CommonFund will end sometime in 2023.



Cal Poly Pomona Foundation, Inc.
Statement of Activities
For Period Ending Dec 31, 2021

	REVENUES		EXPENSES - Payroll		EXPENSES - Other		EXPENSES - Total		SURPLUS/(DEFICIT)			Annual Budget FY 21-22	Annual Forecast FY 21-22
	FY 21-22 YTD	FY 21-22 YTD	FY 21-22 YTD	FY 21-22 YTD	FY 21-22 YTD	FY 21-22 YTD	FY 21-22 YTD	FY 21-22 YTD	FY 21-22 YTD				
	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	\$ Variance		
Enterprise Activities													
Dining Services	6,109,934	4,939,836	2,125,774	1,717,292	4,232,121	3,438,319	6,357,895	5,155,611	(247,961)	(215,775)	(32,186)	(368,040)	(245,226)
Bookstore	4,331,730	3,887,620	710,071	631,504	3,761,411	3,362,203	4,471,483	3,993,707	(139,753)	(106,088)	(33,665)	13,105	4,440
Kellogg West	813,309	890,418	619,195	629,950	603,165	492,110	1,222,360	1,122,060	(409,050)	(231,642)	(177,408)	176,087	(41,321)
University Village	4,426,591	2,700,540	796,920	778,225	2,429,842	2,115,678	3,226,762	2,893,903	1,199,830	(193,363)	1,393,192	357,444	1,750,636
Real Estate/Rentals	4,093,094	3,375,756	181,872	160,984	2,747,500	2,176,617	2,929,372	2,337,601	1,163,722	1,038,154	125,568	1,722,370	1,847,938
Total Enterprise Activities	19,774,659	15,794,169	4,433,831	3,917,955	13,774,040	11,584,926	18,207,871	15,502,882	1,566,788	291,287	1,275,501	1,900,966	3,316,467
Designated Funds	28,177	0	1,428	0	175,069	125,000	176,497	125,000	(148,319)	(125,000)	(23,319)	(250,000)	(250,000)
Support Activities													
Research Office	673,792	693,542	85,848	58,601	609,852	624,941	695,700	683,542	(21,908)	10,000	(31,908)	20,000	20,000
Agriculture	2,289,451	1,643,872	642,723	629,666	1,227,326	1,016,727	1,870,049	1,646,393	419,402	(2,521)	421,923	(5,047)	(5,000)
Continuing Education	538,396	630,270	634,738	687,299	212,316	236,552	847,054	923,851	(308,658)	(293,581)	(15,077)	(355,178)	(370,255)
Foundation Programs	1,162,898	1,026,924	336,773	513,462	581,565	513,462	918,338	1,026,924	244,560	0	244,560	0	0
Total Support Activities	4,664,537	3,994,608	1,700,083	1,889,029	2,631,059	2,391,682	4,331,141	4,280,710	333,396	(286,102)	619,498	(340,225)	(355,255)
Operating Surplus (Deficit)	24,467,373	19,788,777	6,135,342	5,806,984	16,580,167	14,101,608	22,715,509	19,908,592	1,751,865	(119,815)	1,871,680	1,310,741	2,711,212
Other Activities													
Investments	1,742,837	905,577	0	0	48,876	73,880	48,876	73,880	1,693,961	831,697	862,264	1,663,394	2,325,658
Administration	1,688,777	1,575,123	1,938,751	2,288,238	364,750	597,494	2,303,501	2,885,731	(614,723)	(1,310,608)	695,885	(2,578,565)	(1,882,680)
Total Other Activities	3,431,614	2,480,700	1,938,751	2,288,238	413,626	671,374	2,352,377	2,959,611	1,079,238	(478,911)	1,558,149	(915,171)	442,978
Unrestricted Surplus (Deficit)	27,898,988	22,269,477	8,074,092	8,095,222	16,993,793	14,772,982	25,067,885	22,868,203	2,831,102	(598,726)	3,429,828	395,570	3,154,190
Grants and Contracts	8,178,835	6,388,888	0	0	8,178,835	6,388,888	8,178,835	6,388,888	0	0	0	0	0
Transfers	0	0	0	0	51,885	0	51,885	0	(51,885)	0	(51,885)	0	(51,885)
Total Foundation Net	36,077,823	22,269,477	8,074,092	8,095,222	25,298,867	14,772,982	33,372,960	22,868,203	2,779,217	(598,726)	3,377,943	395,570	3,102,305

Cal Poly Pomona Foundation, Inc.
Fund Balance and Net Position (Current only)
As of December, 31, 2021

Current Assets	Unrestricted
Cash	2,382,801
Investments	32,028,313
Receivables	10,389,554
Inventories	3,484,972
Prepaid	780,693
Due to/from	(9,892,514)
	-713,895
Current Assets	38,459,923

Current Liabilities	Unrestricted
Accounts Payable	3,747,050
Accrued Liabilities	1,680,978
Deferred Income	883,548
Current Liabilities	6,311,576

Total Fund Balance	Unrestricted
Net Assets Beginning	21,021,571
Net Change in Position	2,472,542
Fund Balances	23,494,112

Liquidity Ratio	CPPF	Benchmark
Current Ratio	6.09	1.5-3
Quick Ratio	5.54	>=1
Absolute liquidity ratio	5.45	>0.5

Available Resources	
Unrestricted current assets	38,459,923
Less Inventory	(3,484,972)
Less Current Liabilities	(6,311,576)

Total Available Resources for period ending Dec 2021 28,663,375

Total operating surplus/(deficit) as of Dec 2021 2,472,542

Total unrestricted funds available as of Dec 2021 **31,135,917**

Total forecasted surplus/(deficit) at year-end 2,813,358

Total unrestricted funds forecasted to year-end **31,476,732**

Notes

Foundation's total fund balance as of 09/30/21 is \$35.3M

The overall surplus/(deficit) as of December 31, 2021 is \$2.8M

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

Cal Poly Pomona Foundation

Cash Flow Forecast

February 2022 - June 2022

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Operating cash - Beginning Balance	5,676,821	2,594,660	2,556,359	808,366	1,661,195	1,906,238	2,855,978	2,696,658	1,393,425	1,710,193	1,946,294	2,336,698
Cash Inflow	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22					
Operating cash inflow	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Cash from operations	2,841,254	4,012,501	3,623,448	4,352,675	3,790,354	4,175,325	3,442,054	4,413,751	4,413,751	4,614,376	4,815,001	2,808,751
Grants & Contracts	1,945,104	814,908	2,092,726	845,663	109,655	1,492,779	958,071	896,399	896,399	937,144	977,890	570,436
Financing Activities												
GIP - withdrawals	-	-	-	-	-	-	-	-	-	-	-	-
LOC - withdrawals	-	-	-	2,000,000	3,500,000	-	-	-	-	-	-	2,000,000
Other financing	-	-	-	-	-	-	-	-	-	-	-	-
Total Cash Inflow	4,786,358	4,827,409	5,716,174	7,198,338	7,400,009	5,668,104	4,400,125	5,310,150	5,310,150	5,551,520	5,792,891	5,379,186
Cash Outflow	Jul-21											
Operating cash outflow	Actual	Actual	Actual	Actual	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Expenses from operations	5,068,519	3,149,681	5,616,297	2,955,382	4,065,403	2,350,141	3,105,023	3,149,681	3,149,681	3,464,649	3,464,649	2,834,713
Salaries/wages	1,016,506	1,042,820	982,457	1,030,054	1,091,075	1,479,624	868,044	1,094,961	1,094,961	1,105,389	1,115,817	1,042,820
Tax/Benefit payments	1,714,624	663,988	767,280	481,854	901,919	641,855	525,398	697,187	697,187	703,827	710,467	663,988
-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Expenditure												
Capital projects	68,870	9,221	90,044	376,900	93,352	238,140	55,303	125,000	45,000	35,000	105,000	65,000
Financing Activities												
GIP - deposits	-	-	-	-	-	-	-	-	-	-	-	-
LOC - repayment	-	-	-	1,500,000	1,000,000	5,028	-	500,000	-	-	-	-
LOC - interest	-	-	8,089	1,319	3,216	3,578	5,676	6,553	6,553	6,553	6,553	10,303
Lease payments	-	-	-	-	-	-	-	1,040,000	-	-	-	1,040,000
Other financing	-	-	-	-	-	-	-	-	-	-	-	-
Total Cash Outflow	7,868,519	4,865,710	7,464,167	6,345,509	7,154,965	4,718,365	4,559,444	6,613,383	4,993,383	5,315,419	5,402,487	5,656,824
Net Cash Activities	(3,082,161)	(38,301)	(1,747,993)	852,829	245,043	949,739	(159,320)	(1,303,233)	316,767	236,102	390,404	(277,638)
Operating cash - Ending Balance	2,594,660	2,556,359	808,366	1,661,195	1,906,238	2,855,978	2,696,658	1,393,425	1,710,193	1,946,294	2,336,698	2,059,060

Cal Poly Pomona Pumpkin Fest 2021

Preliminary Summary Report

Not for Distribution

Background & Overview:

2021 saw the return of the Cal Poly Pomona Pumpkin Festival now in its 28th year. The Festival began as a small event for guests to pick their own pumpkins from a field on campus. Later moving across the street to AGRIsapes, the Festival has continued to grow to become one of the largest events in the CSU.

Produced as an Outreach event for the Huntley College of Agriculture, the Festival is focused on providing a family-friendly, fun and educational event for the community. The success of the Festival has allowed the continued expansion of AGRIsapes Outreach programs including workshops, pick-your-own events and school field trips to the Farm. In addition to providing funding support for these activities, the Festival provided employment opportunities for over 90 students in 2021.

Due to COVID restrictions, several changes were made in 2021 to address health safety concerns. The event switched to online-only ticketing and capped the maximum daily attendance at 60% of 2019. Although total attendance for October was reduced by approximately 15%, there was a dramatic 50% increase in revenues. Less people, more revenues and a more enjoyable event all around.

By the Numbers:

Total Attendance	76,000
Student Workers Employed	93
Pumpkins Sold	23,000
Outside Food Vendor Sales	\$ 378,000

Revenues 2021:

Admission Ticket Sales	\$ 413,000
Attraction Ticket Sales	466,000
Pumpkin Sales	141,000
Vendor Fees	62,000
Field Trip Fees	31,000

GROSS REVENUES	\$ 1,113,000
-----------------------	---------------------

Expenses 2021:

Student Labor	\$ 84,000
Staff Labor	64,000
Pumpkin Cost	38,000
Outside Services	118,000
Security & CPP Support Costs	68,000
Supplies	56,000
Miscellaneous Fees	51,000

TOTAL EXPENSES	\$ (479,000)
-----------------------	---------------------

NET REVENUES	\$ 634,000
---------------------	-------------------