

TAXABLE YEAR **California Exempt Organization** FORM  
**2016 Business Income Tax Return** **109**

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **07/01/2016**, and ending (mm/dd/yyyy) **06/30/2017**.

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

**A** First Return Filed?  Yes  No

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

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

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 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized.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

**E** Amended Return  Yes  No

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

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

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

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

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

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

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

<b>Taxable Corporation</b>	1 Unrelated business taxable income from Side 2, Part II, line 30	●	1	00
	2 Multiply line 1 by the average apportionment percentage _____% from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	●	2	00
	3 Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	●	3	00
<b>Taxable Trust</b>	4 Unrelated business taxable income from Side 2, Part II, line 30	●	4	00
	5 Unrelated business taxable income from line 3 or line 4	●	5	00
<b>Tax Computation</b>	6 Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	●	6	00
	7 Net Operating Loss deduction. See General Information N	●	7	<b>1,146,265</b> 00
	8 Add line 6 and line 7	●	8	<b>1,146,265</b> 00
	9 Net unrelated business taxable income. Subtract line 8 from line 5	●	9	<b>-1,146,265</b> 00
	10 Tax <b>8.84</b> % x line 9. See General Information J	●	10	00
	11 Tax credits from Schedule B. See instructions	●	11	00
<b>Total Tax</b>	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	●	12	000
	13 Alternative minimum tax. See General Information O	●	13	00
	14 Total tax. Add line 12 and line 13	●	14	00
<b>Payments</b>	15 Overpayment from a prior year allowed as a credit	●	15	00
	16 2016 estimated tax payments. See instructions	●	16	00
	17 Withholding (Form 592-B and/or 593.) See instructions	●	17	<b>4,024</b> 00
	18 Amount paid with extension (form FTB 3539)	●	18	00
	19 Total payments and credits. Add line 15 through line 18	●	19	<b>4,024</b> 00
<b>Use Tax/ Tax Due/ Overpayment</b>	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	<b>4,024</b> 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	<b>4,024</b> 00
	25 Enter amount of line 24 to be applied to 2017 estimated tax	●	25	00

**CAL POLY POMONA FOUNDATION INC**  
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Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	4,024	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	1,988,142	b Less returns and allowances		c Balance	1c	1,988,142	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					2	639,669	00
3 Gross profit. Subtract line 2 from line 1c					3	1,348,473	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)					4a		00
b Net gain (loss) from Part II, Schedule D-1					4b		00
c Capital loss deduction for trusts					4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule					5		00
6 Rental income (Schedule C)					6	0	00
7 Unrelated debt-financed income (Schedule D)					7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)					8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)					9		00
10 Exploited exempt activity income (Schedule G)					10		00
11 Advertising income (Schedule H, Part III, Column A)					11		00
12 Other income. Attach schedule		SEE STATEMENT 1			12	2,447,596	00
13 Total unrelated trade or business income. Add line 3 through line 12					13	3,796,069	00

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

14 Compensation of officers, directors, and trustees from Schedule I	14						00
15 Salaries and wages	15	1,128,279					00
16 Repairs	16	1,395,030					00
17 Bad debts	17						00
18 Interest. Attach schedule	18						00
19 Taxes. Attach schedule	19						00
20 Contributions. See instructions and attach schedule	20						00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	77,406					00
b Less: depreciation claimed on Schedule A. See instructions	21b						00
22 Depletion. Attach schedule	22					77,406	00
23 a Contributions to deferred compensation plans	23a						00
b Employee benefit programs. See instructions	23b	195,124					00
24 Other deductions. Attach schedule	24	1,235,736					00
25 Total deductions. Add line 14 through line 24	25	4,031,575					00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13	26	-235,506					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	-235,506					00
29 Specific deduction. See instructions	29	1,000					00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	30	-235,506					00

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer	Title CHIEF FIN OFFICER	Date 2/14/18	Telephone 909-869-2948
Preparer's signature DAVID F. PRENOVOST CPA	Date 02/14/18	Check if self-employed <input type="checkbox"/>	PTIN P00434118
Firm's name (or yours, if self-employed) and address DAVID F PRENOVOST CPA 3801 W. Temple Ave., Bldg #55 Pomona, CA 91768			FEIN Telephone 909-869-2948

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

**CAL POLY POMONA FOUNDATION INC**  
**95-2417645**

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify) COST METHOD

1 Inventory at beginning of year	1	59,486	00
2 Purchases	2	619,074	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	678,560	00
6 Inventory at end of year	6	38,891	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	639,669	00
Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ... Yes <input checked="" type="checkbox"/> No			

**Schedule B Tax Credits.**

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

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

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

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

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

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

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

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

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

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

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

**CAL POLY POMONA FOUNDATION INC**  
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**Schedule D Unrelated Debt-Financed Income**

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

Total. Enter here and on Side 2, Part I, line 7

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

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
N/A					

Total. Enter here and on Side 2, Part I, line 8

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

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

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

Total. Enter here and on Side 2, Part I, line 10

**CAL POLY POMONA FOUNDATION INC**  
**95-2417645**

**Schedule H Advertising Income and Excess Advertising Costs**

**Part I Income from Periodicals Reported on a Consolidated Basis**

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

**Part II Income from Periodicals Reported on a Separate Basis**

N/A						

**Part III Column A – Net Advertising Income**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7
N/A	

**Part III Column B – Excess Advertising Costs**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
N/A	

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

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

**Schedule I Compensation of Officers, Directors, and Trustees**

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

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

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below) .....						0
2 Other depreciation:						
Buildings .....	SEE STATEMENT 3					77,406
Furniture and fixtures .....						
Transportation equipment .....						
Machinery and other equipment .....						
Other (specify) .....						
3 Other depreciation .....						
4 Total .....						77,406
5 Amount of depreciation claimed elsewhere on return .....						0
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a .....						77,406

TAXABLE YEAR

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

CALIFORNIA FORM

**2016**

**3509**

For calendar year 2016 or fiscal year beginning (mm/dd/yyyy) 07/01/2016, and ending (mm/dd/yyyy) 06/30/2017.

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

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

**Part I – Political Activities**

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

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

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

**Part II – Legislative Activities**

Complete if the organization attempted to influence legislation.

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

4a Has the organization, during the 2016 taxable year, filed a federal Form 5768?  Yes  No  
If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service and skip question 4b. This fulfills the organization's need to file an election for state purposes.  
If "No", go to question 4b and see instructions.

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

Furnish the following financial information for the taxable year:

<b>5 Exempt Purpose Expenditures</b> The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose. ....	<b>5</b>	<b>\$</b>	<b>60,902,988</b>	<b>00</b>
<b>6 Lobbying Expenditures</b> The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation. ....	<b>6</b>	<b>\$</b>		<b>00</b>
<b>7 Grass Roots Expenditures</b> The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it. ....	<b>7</b>	<b>\$</b>		<b>00</b>

# 2016 Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations — Corporations

3805Q

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

Corporation name: CAL POLY POMONA FOUNDATION, INC. California corporation number: 0 5 0 5 2 0 7

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: 9 5 2 4 1 7 6 4 5

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	235,506	00
2	2016 disaster loss included in line 1. Enter as a positive number	2	0	00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	235,506	00
4	a Enter the amount of the loss incurred by a new business included in line 3. 4a	0	00	
	b Enter the amount of the loss incurred by an eligible small business included in line 3. 4b	0	00	
	c Add line 4a and line 4b. 4c		0	00
5	General NOL. Subtract line 4c from line 3	5	235,506	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions.	6	235,506	00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2014 and/or 2015, complete Part III, NOL carryback, on Side 2 before completing Part I, lines 7 - 9 below.

7	2016 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (e).	7	0	00
8	2016 NOL carryback used to offset 2015 net income. Enter the amount from Part III, line 3, column (g).	8	0	00
9	2016 NOL carryover to 2017. Add line 7 and line 8, then subtract the result from line 6. See instructions.	9	235,506	00

**Election to waive carryback**

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2016 NOL under Internal Revenue Code (IRC) Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

**Part II NOL carryover and disaster loss carryover limitations. See instructions.**

1	Net income – Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	
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**Prior Year NOLs**

	(a) Year of loss	(b) Code – See instructions	(c) Type of NOL – See below	(d) Initial loss – See instructions	(e) Carryover from 2015	(f) Amount used in 2016	(h) Carryover to 2017 col. (e) minus col. (f)
2	VAR		GEN		910,759	0	910,759

**Current Year NOLs**

						col. (d) minus col. (f) See instructions.
3	2016		DIS			
4	2016		GEN	235,506		235,506
	2016					
	2016					
	2016					

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

**Part III NOL carryback**

- 1 2014 Net income -- Enter the amount from 2014 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-) . . . . .
- 2 2015 Net income -- Enter the amount from 2015 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-) . . . . .

(a) Year of loss	(b) Code -- See instructions	(c) Type of NOL -- See below*	(d) Initial loss -- See instructions	2014		2015		(i) Carryover to 2017 col. (d) minus [col. (e) plus col. (g)]
				(e) Carryback used -- See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used -- See instructions	(h) After carryback col. (f) minus col. (g)	
3 2016								
2016								
2016								
2016								
2016								

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

**Part IV 2016 NOL deduction**

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



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

California Corporation Number:  
Federal Employer Identification Number:

0505207  
95-2417645

2016 Form 3805Q  
Supporting information for Part II, Line 2

Tax Year Form	Net income/loss	NOL Carryforward	Carryover Period (in years)	Expiration Year
2006	-91,270	-91,270	10	2016
2007	-181,670	-272,940	10	2017
2008	-173,477	-446,417	20	2028
2009	-133,631	-580,048	20	2029
2010	-24,187	-604,235	20	2030
2011	-20,326	-624,561	20	2031
2012	-92,279	-716,840	20	2032
2013	27,195	-689,645	20	2033
2014	122,498	-567,147	20	2034
2015	-343,612	-910,759	20	2035
2016	-235,506	-1,146,265	20	2036

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

<u>Description</u>	<u>Amount</u>
UBIT - KELLOGG HOUSE	\$ 27,040
UBIT - CONFER CENTER & HOTEL	1,351,011
UBIT - LANTERMAN	1,063,545
UBIT-COMMONFUND INVESTMENT	6,000
Total	<u>\$ 2,447,596</u>

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

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 24,790
BANK CARD FEE	51,939
GENERAL AND ADMINSTRATIVE	257,229
INSURANCE	21,181
MEALS AND REFRESHMENTS	2,113
OTHERS	117,811
POSTAGE	2,301
RENT	48,352
SERVICES	380,941
SUPPLIES	226,463
TELEPHONE	36,328
TRAVEL	2,633
UTILITIES	63,655
Total	<u>\$ 1,235,736</u>

**California Statements**

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

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
DEPRECIATION		\$ 0	\$ 0			\$ 77,406	\$ 0
Total		\$ 0	\$ 0			\$ 77,406	\$ 0