

Form **990-T**

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

2014

For calendar year 2014 or other tax year beginning **07/01/14**, and ending **06/30/15**

Information about Form 990-T and its instructions is available at www.irs.gov/form990.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury
Internal Revenue Service

<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)</p> <p>C Book value of all assets at end of year 218,075,738</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Print or Type 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>F Group exemption number (See instructions.) u</p> <p>G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.) 95-2417645</p> <p>E Unrelated business activity codes (See instructions.) 722320 721000</p>
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H Describe the organization's primary unrelated business activity.
See Statement 1

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

J The books are in care of **u DAVID F. PRENOVOST CPA** Telephone number **u 909-869-2948**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	2,272,303			
b Less returns and allowances				
c Balance u		2,272,303		
2 Cost of goods sold (Schedule A, line 7)		791,243		
3 Gross profit. Subtract line 2 from line 1c		1,481,060		1,481,060
4a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule) See Stmt 2		1,251,841		1,251,841
13 Total. Combine lines 3 through 12		2,732,901		2,732,901

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)			
15 Salaries and wages			1,119,343
16 Repairs and maintenance			108,175
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			
20 Charitable contributions (See instructions for limitation rules)			
21 Depreciation (attach Form 4562)	21	71,141	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		71,141
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			174,988
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			
28 Other deductions (attach schedule) See Statement 3			1,136,756
29 Total deductions. Add lines 14 through 28			2,610,403
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			122,498
31 Net operating loss deduction (limited to the amount on line 30)			122,498
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			0

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39**

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

40b Other credits (see instructions) **40b**

40c General business credit. Attach Form 3800 (see instructions) **40c**

40d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

40e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.) **42**

43 Total tax. Add lines 41 and 42 **43** **0**

44a Payments: A 2013 overpayment credited to 2014 **44a**

44b 2014 estimated tax payments **44b**

44c Tax deposited with Form 8868 **44c**

44d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

44e Backup withholding (see instructions) **44e**

44f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

44g Other credits and payments: Form 2439 Form 4136 Other _____ Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Refunded **49**

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

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **Cost Method**

1 Inventory at beginning of year	1	60,684	6 Inventory at end of year	6	61,345
2 Purchases	2	791,904	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	791,243
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	X
4a Additional sec. 263A costs (attach schedule)	4a				
4b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	852,588			

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 *David F. Prenovost* 12/4/15 **EXECUTIVE DIRECTOR**

Signature of officer _____ Date _____ Title _____

Print/Type preparer's name **David F. Prenovost CPA** Preparer's signature **David F. Prenovost CPA** Date **12/04/15** Check if PTIN self-employed **P00434118**

Preparer Use Only Firm's name **David F. Prenovost CPA** Firm's EIN **P00434118**

Firm's address **3801 W. Temple Ave., Bldg # 55 Pomona, CA 91768** Phone no. **909-869-2948**

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

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)	N/A	
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

Schedule E – Unrelated Debt-Financed Income (see instructions)

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)
(1)	N/A			
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			u	u

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5	
(1)	N/A					
(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)						
Totals				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	u

Schedule G – 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		u		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		u		Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		u				

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I		u		Enter here and on page 1, Part II, line 27.		
Totals, Part II (lines 1-5)		u				

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	

95-2417645

Federal Statements

FYE: 6/30/2015

Statement 1 - Form 990-T - Primary Unrelated Business ActivityDescription

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

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

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

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

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

Net Operating Loss Carryover Worksheet

Form **990-T****2014**For calendar year 2014, or tax year beginning **07/01/14**, ending **06/30/15**

Name

CAL POLY POMONA FOUNDATION, INCEmployer Identification Number
95-2417645

Preceding Taxable Year	Prior Year			Current Year	Next Year
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	Carryover
17th 06/30/98	-2,898	2,898			
16th 06/30/99	-21,739	21,739			
15th 06/30/00	-22,136	2,556	19,580	19,580	
14th 06/30/01	-29,960		29,960	29,960	
13th 06/30/02	-185,348		185,348	72,958	112,390
12th 06/30/03	-137,826		137,826		137,826
11th 06/30/04	-51,899		51,899		51,899
10th 06/30/05	-80,865		80,865		80,865
9th 06/30/06	85				
8th 06/30/07	-91,270		91,270		91,270
7th 06/30/08	-181,670		181,670		181,670
6th 06/30/09	-173,477		173,477		173,477
5th 06/30/10	-133,631		133,631		133,631
4th 06/30/11	-24,187		24,187		24,187
3rd 06/30/12	-20,326		20,326		20,326
2nd 06/30/13	-92,279		92,279		92,279
1st 06/30/14	27,193	-27,193			
NOL carryover available to current year			1,222,318		
Current year	122,498			122,498	0
NOL carryover available to next year					1,099,820

95-2417645

Federal Statements

FYE: 6/30/2015

Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 38,561
BANK CARD FEE	67,146
GENERAL AND ADMINSTRATIVE	210,557
INSURANCE	27,910
MEALS AND REFRESHMENTS	4,133
OTHERS	140,631
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