

TAXABLE YEAR

2008

**California Exempt Organization
Annual Information Return**

FORM

199

Calendar Year 2008 or fiscal year beginning 7/01/08 and ending 6/30/09

A First Return Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B Type of organization Exempt under Section 23701 (insert letter) _____ IRC Section 4947(a)(1) trust <input type="checkbox"/>	CORP # 0505207
Corporation/Organization Name CAL POLY POMONA FOUNDATION, INC		FEIN 95-2417645

Address
3801 WEST TEMPLE AVE. BLDG # 55

City **POMONA** State **CA** ZIP Code **91768-4038**

C Amended Return? Yes No

D Are you a subordinate/affiliate in a group exemption?
 (a) Is this a group filing for affiliates? See Genl. Instr. L Yes No
 (b) If "Yes," enter the number of affiliates _____
 (c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No
 (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
 (e) Federal Group Exemption Number _____
 (f) Is a roster of subordinates attached? Yes No

E Final return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized (attach explanation)

If a box is checked, enter date _____

F Check the box if the organization filed: (1) 990T (2) 990PF (3) 990H

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required

H Accounting method used (1) Cash (2) Accrual (3) Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

K Is the organization exempt under R&TC Section 23701g? If "Yes," enter amount of gross receipts from nonmember sources \$ _____ Yes No

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

M Is the organization a Limited Liability Company? Yes No

N Did the org. file Form 100 or Form 109 to report taxable inc.? Yes No

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

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	● 1	62,112,369	00
	2 Gross dues and assessments from members and affiliates	● 2		00
	3 Gross contributions, gifts, grants, and similar amounts received.	● 3	16,969,571	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	● 4	79,081,940	00
	5 Cost of goods sold	● 5	14,720,239	00
	6 Cost or other basis, and sales expenses of assets sold	● 6	14,442,701	00
	7 Total costs. Add line 5 and line 6	7	29,162,940	00
	8 Total gross income. Subtract line 7 from line 4	● 8	49,919,000	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	● 9	51,280,744	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	● 10	-1,361,744	00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12 Total payments	12		00
	13 Penalties and Interest. See General Instruction J	13		00
	14 Use tax. See General Instruction K	● 14		00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result Filing Fee Paid	15	10	

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

Signature of officer *G. Paul Storey* Title **G. Paul Storey Executive Director** Date **4/23/10** ● Telephone _____

Paid Preparer's Use Only Preparer's signature *David F. Prenovost* Date **4/23/10** Check if self-employed ● Preparer's SSN/PTIN **P00434118**

Firm's name (or yours, if self-employed) and address **David F. Prenovost CPA**
3801 W. Temple Ave., Bldg # 55
Pomona, CA 91768-4038 ● FEIN _____
● Telephone **909-869-2948**

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

