

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

Form header section containing organization name (CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION), EIN (95-6106694), address (6300 STATE UNIVERSITY DR. EAST, LONG BEACH, CA 90815), principal officer (MARY STEPHENS), and other identifying information.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement (SUPPORTING RESEARCH, COMMUNITY), governance metrics, revenue (Total revenue: 45,507,475), expenses (Total expenses: 11,000,000), and net assets (Total assets: 34,507,475).

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.

Signature block area with fields for officer signature, preparer name, preparer signature, date, PTIN, firm name, and firm address.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SERVES THE MISSIONS OF THE UNIVERSITY BY SUPPORTING AND ENGAGING IN
RESEARCH, ENTREPRENEURSHIP, COMMUNITY SERVICE, SPONSORED PROGRAMS AND
THE ACQUISITION OF PRIVATE RESOURCES.

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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~ Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 41,746,750. including grants of \$ 3,751,987.) (Revenue \$ 11,294,096.)
ADMINISTER GRANTS FROM GOVERNMENTAL AND PRIVATE AGENCIES AND TO ACCEPT
DONATIONS FROM 49ER FOUNDATION FOR ACTIVITIES RELATED TO THE
UNIVERSITY. THE ENTITY ALSO MANAGES INVESTMENTS FROM CHARITABLE
CONTRIBUTIONS FOR USE IN SCHOLARSHIPS AND OTHER UNIVERSITY ACTIVITIES.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses | 41,746,750.

		Yes	No
1			
2			
3			
4	Section 501(c)(3) organizations.		
5			
6			
7			
8			
9			
10			
11			
a			
b			
c			
d			
e			
f			
12a			
b			
13			
14a			
14b			
15			
16			
17			
18			
19			
20			

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 in Schedule O. See instructions.

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

Table with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9) and columns for Yes/No responses.

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

Table with columns for line numbers (10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and columns for Yes/No responses.

17
18

(explain in Schedule O)

19
20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

¥ List all of the organization's current key employees, if any. See instructions for definition of "key employee."

¥ List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

¥ List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

¥ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DON PARA CHAIR	1.00 44.00	X		X				9,200.	260,706.	82,428.
(2) DAVID DOWELL VICE CHAIR	1.00 44.00	X		X				3,000.	196,423.	62,384.
(3) MARY STEPHENS TREASURER/CEO	1.00 44.00	X		X				7,200.	207,204.	53,671.
(4) ANDREW MASON SECRETARY	1.00 44.00	X		X				0.	150,303.	52,212.
(5) KELLY JANOUSEK DIRECTOR	1.00 44.00	X						0.	110,351.	31,069.
(6) KEVIN MALOTTE DIRECTOR	1.00 44.00	X						0.	89,933.	34,694.
(7) JOHN HABERSTROH DIRECTOR	1.00	X						0.	0.	0.
(8) JANE NETHERTON DIRECTOR	1.00	X						0.	0.	0.
(9) DR. JOSEPH PREVATIL DIRECTOR	1.00	X						0.	0.	0.
(10) BRIAN NOWLIN CHIEF OPERATING OFFICER	40.00				X			163,225.	0.	24,215.
(11) DANIEL MONSON HEAD MEN'S BASKETBALL COAC	20.00 25.00					X		577,440.	194,733.	61,240.
(12) MODRIS TIDEMANI8.66 Tm (VICE CHAIR) Tj/F182 e2RIS1 444.60 4.20 0 Tm (X) Tra3 CHAIR										

Small gray rectangular box at the top left.

Large gray rectangular box at the top left, spanning the first column.

Large empty rectangular area in the first column, containing several horizontal lines on the right side.

Four empty rectangular cells in the top row, columns 2, 3, 4, and 5.

Four gray rectangular cells in the second row, columns 2, 3, 4, and 5.

Large empty rectangular area in the first column, containing two horizontal lines on the left side.

Five small empty rectangular cells stacked vertically in the first column, between the two main sections.

Five rows of four rectangular cells each in the second, third, fourth, and fifth columns. The top row of this section is gray, and the bottom row is also gray.

Large empty rectangular area in the first column, spanning the bottom section.

Bottom section of the grid, containing multiple rows of four rectangular cells each in the second, third, fourth, and fifth columns. The top row is gray, and the bottom row is also gray.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) ~ ~ ~ ~ ~	1	44,192,538.
2	Total expenses (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	2	45,993,076.
3	Revenue less expenses. Subtract line 2 from line 1 ~ ~ ~ ~ ~	3	-1,800,538.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~ ~ ~ ~ ~	4	50,246,143.
5	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	5	3,102,201.
6	Donated services and use of facilities ~ ~ ~ ~ ~	6	
7	Investment expenses ~ ~ ~ ~ ~	7	
8	Prior period adjustments ~ ~ ~ ~ ~	8	-4,511,187.
9	Other changes in net assets or fund balances (explain in Schedule O) ~ ~ ~ ~ ~	9	-1,626,288.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) X	10	45,410,331.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> Accrual <input checked="" 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: Separate basis Consolidated basis Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis Consolidated basis Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~ ~ ~ ~ ~ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~ ~ ~ ~ ~	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. X	X	

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.
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION** Employer identification number **95-6106694**

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____		
(ii) A family member of a person described in (i) above? _____		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013



Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4 Total.						
5						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						
11 Total support.						
12					12	
13 First five years.						

stop here

14	14	
15	15	

16a 33 1/3% support test - 2013.
stop here.

b 33 1/3% support test - 2012.
stop here.

17a 10% -facts-and-circumstances test - 2013.

stop here.

b 10% -facts-and-circumstances test - 2012.

stop here.

18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) ~~~~~ 15 %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) ~~~~~ 17 %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 ~~~~~ 18 %

19a 33 1/3% support tests - 2013. 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 - 2012. 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust not

General Rule Special Rule.

Note.

General Rule

Special Rules

(1) (2)

exclusively

exclusively

exclusively

General Rule

nonexclusively

Caution.
must

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
**CALIFORNIA STATE UNIVERSITY LONG BEACH
 RESEARCH FOUNDATION**

Employer identification number
95-6106694

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>9</u>	_____ _____ _____	\$ <u>716,631.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>11</u>	_____ _____ _____	\$ <u>662,946.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>2,440,300.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>1,627,548.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>7</u>	_____ _____ _____	\$ <u>1,127,575.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>1</u>	_____ _____ _____	\$ <u>4,059,932.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
**CALIFORNIA STATE UNIVERSITY LONG BEACH
 RESEARCH FOUNDATION**

Employer identification number
95-6106694

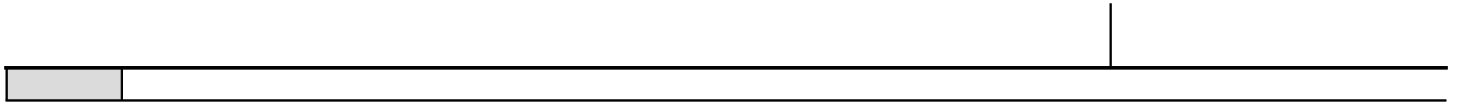
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>8</u>	_____ _____ _____	\$ <u>934,078.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>1,609,152.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>3,952,484.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>2,118,228.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>10</u>	_____ _____ _____	\$ <u>686,910.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>12</u>	_____ _____ _____	\$ <u>796,456.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

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Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? ~ ~ ~ ~ ~			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ~			
c Media advertisements? ~ ~ ~ ~ ~			
d Mailings to members, legislators, or the public? ~ ~ ~ ~ ~			
e Publications, or published or broadcast statements? ~ ~ ~ ~ ~			
f Grants to other organizations for lobbying purposes? ~ ~ ~ ~ ~			
g Direct contact with legislators, their staffs, government officials, or a legislative body? ~ ~ ~ ~ ~			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ~ ~ ~ ~ ~			
i Other activities? ~ ~ ~ ~ ~			
j Total. Add lines 1c through 1i ~ ~ ~ ~ ~			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ~ ~ ~ ~ ~			
b If "Yes," enter the amount of any tax incurred under section 4912 ~ ~ ~ ~ ~			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ~ ~ ~ ~ ~			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? • • • • •			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? ~ ~ ~ ~ ~	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? ~ ~ ~ ~ ~	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? • • • • •	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1 Dues, assessments and similar amounts from members ~ ~ ~ ~ ~	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year ~ ~ ~ ~ ~	2a	
b Carryover from last year ~ ~ ~ ~ ~	2b	
c Total ~ ~ ~ ~ ~	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ~ ~ ~ ~ ~	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ~ ~ ~ ~ ~	4	
5 Taxable amount of lobbying and political expenditures (see instructions) • • • • •	5	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.



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 are a 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 programs
 - 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" to 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? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Temporarily restricted endowment | _____%
- The percentages in 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" to 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" to 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		17,066,474.		17,066,474.
b Buildings		33,095,047.	10,036,185.	23,058,862.
c Leasehold improvements				
d Equipment		3,307,619.	3,263,911.	43,708.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				40,169,044.

[Redacted]

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

1	Total revenue, gains, and other support per audited financial statements ~ ~ ~ ~ ~		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments ~ ~ ~ ~ ~	2a	
b	Donated services and use of facilities ~ ~ ~ ~ ~	2b	
c	Recoveries of prior year grants ~ ~ ~ ~ ~	2c	
d	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	2d	
e	Add lines 2a through 2d ~ ~ ~ ~ ~	2e	
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~	3	
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	
b	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b	
c	Add lines 4a and 4b ~ ~ ~ ~ ~	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

[Redacted]

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

1	Total expenses and losses per audited financial statements ~ ~ ~ ~ ~		1
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	
e	Add lines 2a through 2d ~ ~ ~ ~ ~	2e	
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~	3	
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	
b	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b	
c	Add lines 4a and 4b ~ ~ ~ ~ ~	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

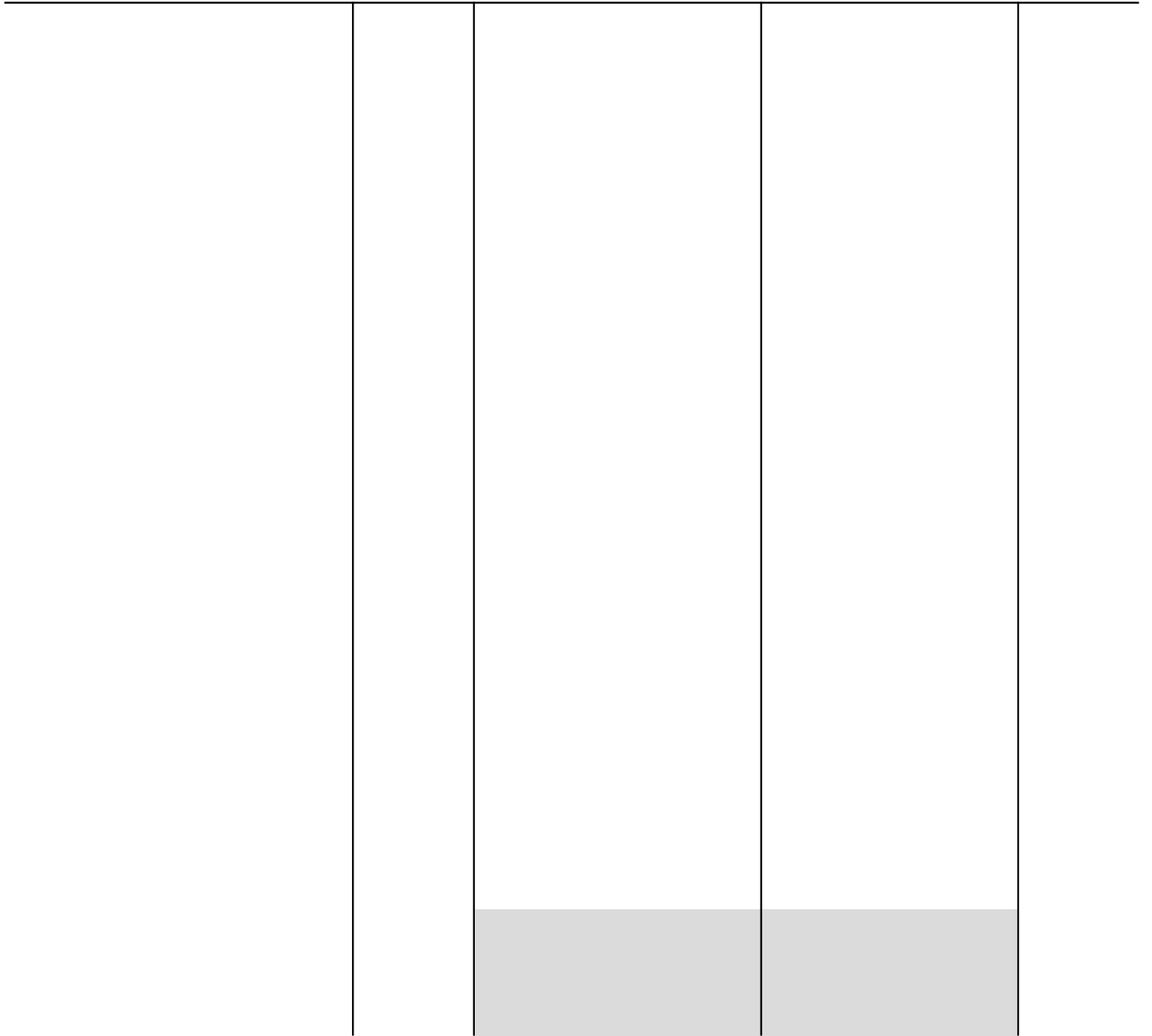
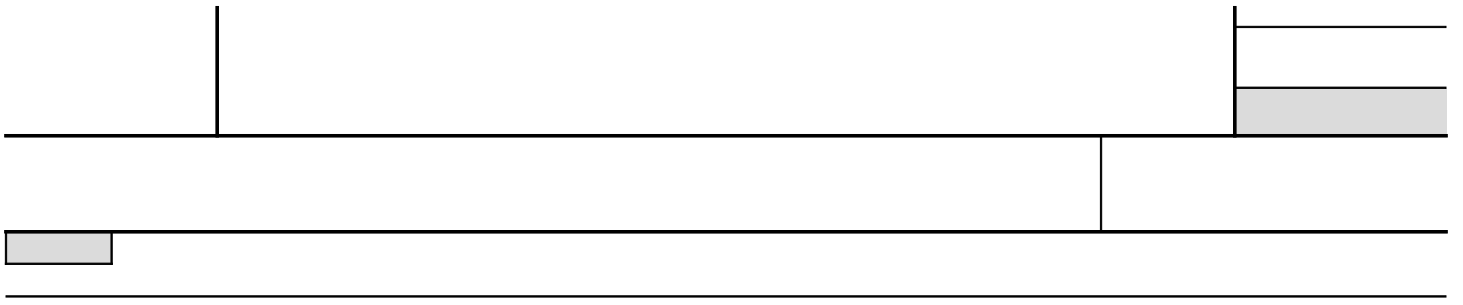
[Redacted]

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,

Part XIII Supplemental Information (continued)

MARKET VALUE OF DONATED COLLECTION ITEMS WAS APPROXIMATELY \$24,000 FOR THE
YEAR ENDED JUNE 30, 2013. THERE WERE NO DONATED COLLECTION ITEMS RECEIVED
DURING THE YEAR ENDED JUNE 30, 2014.

Blank lined area for supplemental information.



Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Multiple horizontal lines for supplemental information.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at

Open To Public
Inspection

Name of the organization

Employer identification number

Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3

Part IV Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

EXPLANATION: CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ

RADIO STATION THAT IS OPERATED ON THE CSULB CAMPUS.

Lined area for supplemental information with multiple horizontal lines.

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

2013

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Open to Public
Inspection

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION** Employer identification number **95-6106694**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
CSULB 1250 BELLFLOWER BLVD LONG BEACH, CA 90812	93-1150363	PUBLIC UNIVERSITY	\$3,751,987.	0.			TO PROVIDE SCHOLARSHIPS FOR TUITION AND OTHER EDUCATIONAL EXPENSES TO STUDENTS ATTENDING CSULB

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 |

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance

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:

EXPLANATION: SCHOLARSHIP RECIPIENTS APPLY FOR CSULB SCHOLARSHIPS BASED ON

VARIOUS MERITS, AND AS APPROVED BY THE VARIOUS DEPARTMENTS AT CSULB.

SCHOLARSHIPS ARE PAID BY CSULB DIRECTLY TO STUDENTS AND RESEARCH FOUNDATION

REIMBURSES CSULB. CSULB DEPARTMENTS IN CONCERT WITH FINANCIAL AID

DETERMINE STUDENTS ELIGIBILITY AND MONITOR FUND USAGE TO ENSURE THEY ARE

APPLIED FOR ACADEMIC PURPOSES. THERE ARE NO RESEARCH FELLOWSHIP GRANT

PAYMENTS IN FY2012-2013.

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization	Employer identification number
--------------------------	--------------------------------

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or charter travel			
Travel for companions			
Tax indemnification and gross-up payments			
Discretionary spending account			
Housing allowance or residence for personal use			
Payments for business use of personal residence			
Health or social club dues or initiation fees			
Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~ ~ ~ ~ ~	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? ~ ~ ~ ~ ~	2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
4			
a	4a		
b	4b		
c	4c		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5			
a	5a		
b	5b		
6			
a	6a		
b	6b		
7	7		
8	8		
9	9		

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

95-6106694

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DON PARA CHAIR	(i)	0.	0.	9,200.	0.	0.	9,200.	0.
	(ii)	258,737.	0.	1,969.	56,176.	26,252.	343,134.	0.
(2) DAVID DOWELL VICE CHAIR	(i)	0.	0.	3,000.	0.	0.	3,000.	0.
	(ii)	196,027.	0.	396.	41,041.	21,343.	258,807.	0.
(3) MARY STEPHENS TREASURER/CEO	(i)	0.	0.	7,200.	0.	0.	7,200.	0.
	(ii)	206,946.	0.	258.	43,082.	10,589.	260,875.	0.
(4) ANDREW MASON SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	150,045.	0.	258.	31,353.	20,859.	202,515.	0.
(5) BRIAN NOWLIN CHIEF OPERATING OFFICER	(i)	156,070.	7,155.	0.	16,215.	8,000.	187,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL MONSON HEAD MEN'S BASKETBALL COAC	(i)	128,273.	449,167.	0.	0.	0.	577,440.	0.
	(ii)	188,504.	0.	6,229.	39,126.	22,114.	255,973.	0.
(7) MODRIS TIDEMANIS ADMINISTRATOR	(i)	146,620.	3,600.	0.	14,662.	14,221.	179,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STANLEY WHEATLEY PROGRAM DIRECTOR	(i)	140,326.	0.	1,216.	13,456.	1,046.	156,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 5:

EXPLANATION: DANIEL MONSON, THE UNIVERSITY'S HEAD MEN'S BASKETBALL COACH,
IS ELIGIBLE FOR A BONUS BASED UPON CERTAIN GAME GUARANTEE FEES. THE GAME
GUARANTEE FEES ARE NOT FIXED, AND AS SUCH, ARE REPORTED AS BONUS OR
INCENTIVE COMPENSATION.

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. See separate instructions. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number 95-6106694
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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	TRUSTEES OF THE CA. STATE UNIVERSITY	91-2155587	13077CRF3	04/01/08	8,485,000.	REFUND OF 1998 BONDS		X		X	X	
B	TRUSTEES OF THE CA. STATE UNIVERSITY	91-2155587	13077CRF3	04/01/08	11,520,000.	COLLEGE AQUISITION		X		X	X	
C	TRUSTEES OF THE CA. STATE UNIVERSITY	91-2155587	13077CTE4	01/06/09	15,125,000.	RLC RENOVATION		X		X	X	
D												

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	8,485,000.	11,520,000.	15,235,695.	
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds			489,118.	
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	132,833.	180,346.	112,212.	
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds		11,339,654.	14,634,365.	
11 Other spent proceeds	8,352,167.			
12 Other unspent proceeds				
13 Year of substantial completion	1994	2007	2010	
	Yes No	Yes No	Yes No	Yes No
14 Were the bonds issued as part of a current refunding issue?		X		X
15 Were the bonds issued as part of 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			

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

95-6106694

Schedule K (Form 990) 2013

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 you checked "No rebate due" in 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		
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	N/A		N/A		N/A			
c Term of hedge								
d Was the hedge superintegrated?		X		X		X		
e Was the hedge terminated?		X		X		X		

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

95-6106694

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	N/A		N/A		N/A			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	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 is not available under applicable regulations?		X		X		X		

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

PART III, LINE 3D, PART III, LINE 9, AND PART V

ANNUALLY, THE ORGANIZATION SUBMITS A REPORT TO THE CHANCELLOR'S OFFICE, WHICH TABULATES BOND FINANCED SPACE USED IN A PRIVATE TRADE OR BUSINESS, IF ANY. TO THE EXTENT THERE ARE ANY CHANGES IN THE USE OF SPACE FROM THE PREVIOUS YEAR, THE ORGANIZATION COMPLETES A PRIVATE USE CHECKLIST WHICH IS SUBMITTED TO THE CHANCELLOR'S OFFICE.

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Information about Schedule M (Form 990) and its instructions is at

Open to Public
Inspection

Employer identification number

	(a)	(b)	(c)	(d)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29

29

	Yes	No
30a		
b		
31		
32a		
b		
33		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

EXPLANATION: CSULB RESEARCH FOUNDATION HIRED CARS FOR CAUSES FOR CAR

DONATION PROGRAM. CARS FOR CAUSES RETAINED 30% OF NET PROCEEDS FROM

VEHICLE DONATION. CSULB RESEARCH FOUNDATION RETAINED \$10,250 AS A

RESULT OF THE VEHICLE DONATION.

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

Employer identification number
95-6106694

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

EXPLANATION: A SUBCOMMITTEE OF DIRECTORS, THE AUDIT COMMITTEE, REVIEWS THE
FORM 990 PRIOR TO SUBMITTING TO IRS. BEFORE FILING THE FORM 990, A FINAL
COPY OF THE RETURN IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS.

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

EXPLANATION: EACH FISCAL YEAR, ALL INDIVIDUALS IN DESIGNATED POSITIONS ARE
REQUIRED TO SIGN THE FOUNDATION "CONFLICT OF INTEREST POLICY" AND THE
"CONFLICT OF INTEREST DECLARATION".

A REVIEW OF ALL REPORTED CONFLICTS OF INTEREST WILL BE CONDUCTED. THE
REVIEW COMMITTEE SHALL CONSIST OF THE CHIEF OPERATING OFFICER AND THE CHIEF
FINANCIAL OFFICER. IN THE EVENT AN INDIVIDUAL OCCUPYING ONE OF THE
AFOREMENTIONED POSITIONS REPORTS A CONFLICT OF INTEREST, ANOTHER FOUNDATION
CENTRAL OFFICE DIRECTOR SHALL BE SUBSTITUTED FOR PURPOSES OF THE REVIEW OF
THAT REPORTED CONFLICT OF INTEREST. THE COMMITTEE SHALL REVIEW ALL RELEVANT
INFORMATION AND ADVISE THE CHIEF EXECUTIVE OFFICER IF A CONFLICT EXISTS.
ADDITIONALLY, THE REVIEW COMMITTEE SHALL ADVISE THE CHIEF EXECUTIVE OFFICER
ON HOW CONFLICTS MIGHT BE MANAGED OR RESOLVED. THE COMMITTEE SHALL REPORT
ONE OF THE FOLLOWING FINDINGS TO THE CHIEF EXECUTIVE OFFICER:

THE REPORTED CONFLICT OF INTEREST WAS FOUND TO BE:

- PERMISSIBLE SINCE THE DISCLOSED INFORMATION DOES NOT REPRESENT A POSSIBLE
SOURCE OF BIAS OR INAPPROPRIATE ACTIVITY; OR

- PERMISSIBLE WITH MODIFICATIONS AIMED AT AVOIDING BIAS OR INAPPROPRIATE
ACTIVITIES; OR

Name of the organization	CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number	95-6106694
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- INCONSISTENT WITH FOUNDATION POLICY AND THUS NOT PERMISSIBLE.

THE CHIEF EXECUTIVE OFFICER SHALL ISSUE A DECISION WHICH DESIGNATES AN
ACTIVITY AS PERMISSIBLE, PERMISSIBLE WITH CERTAIN CLEARLY SPECIFIED
CONDITIONS, OR NOT PERMISSIBLE.

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

EXPLANATION: WHEN DETERMINING THE SALARY OF KEY EMPLOYEES, THE FOUNDATION
CONSULTS ON WAGE AND SALARY INFORMATION FROM A VARIETY OF SOURCES WHICH
INCLUDE, BUT ARE NOT LIMITED TO: THE ANNUAL AUXILIARY ORGANIZATION
ASSOCIATION (AOA) COMPENSATION SURVEY, THE PREVAILING CALIFORNIA STATE
UNIVERSITY, LONG BEACH SALARY RATE AND MARKET VALUE ASSOCIATED WITH THE
SAME/SIMILAR POSITIONS WITHIN THE SAME GEOGRAPHIC AREA. KEY EMPLOYEE
SALARIES ARE THEN APPROVED BY THE MOST SENIOR LEVEL WITHIN THE FOUNDATION
AND/OR THE PRESIDENT/VICE PRESIDENT DEPENDING UPON THE POSITION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,CT,DC,GA,HI,KY,LA,MS,MO,NH,NJ,NC,ND,RI,SC,TN,VA,WV

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

EXPLANATION: THE TAX EXEMPT APPLICATION, DETERMINATION LETTER, ARTICLES OF
INCORPORATION, BY-LAWS, AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION
UPON REQUEST AT OUR MAIN OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD POST RETIREMENT HEALTH BENEFITS DEEMED UNCOLLECTIBLE
TRANSFER OF NET POSITION TO CSULB 49ER FOUNDATION -1,626,288.

TOTAL TO FORM 990, PART XI, LINE 9 -1,626,288.

Name of the organization CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number 95-6106694
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FORM 990, PART XII, LINE 9

EXPLANATION: ON JULY 1, 2012, THE 49ER FOUNDATION BEGAN OPERATIONS WITH THE PURPOSE TO PROMOTE PHILANTHROPY AND MANAGE THE RESOURCES PREVIOUSLY DONATED TO THE RESEARCH FOUNDATION BUT DESIGNATED FOR UNIVERSITY-RELATED USES. AS A RESULT, DONATED ASSETS PREVIOUSLY HELD BY THE RESEARCH FOUNDATION WERE TRANSFERRED TO THE 49ER FOUNDATION TO ADMINISTER GOING FORWARD. THE RESEARCH FOUNDATION TRANSFERRED \$1,626,288 IN CASH DURING FYE 6/30/14.

FORM 990, PART XII, LINE 8, PRIOR PERIOD ADJUSTMENT

EXPLANATION: PRIOR PERIOD POST RETIREMENT HEALTH BENEFITS DEEMED UNCOLLECTIBLE -4,511,187

FORM 990, PART I, LINE 16B

EXPLANATION: THE FOUNDATION HAS MINIMAL FUNDRAISING EXPENSES DUE TO THE FACT THAT THE ORGANIZATION SHARES IN THEIR FUNDRAISING EFFORTS JOINTLY WITH CSULB. IN ADDITION, A SIGNIFICANT PORTION OF THE CONTRIBUTIONS RECEIVED ARE LARGE GRANTS FROM GOVERNMENT ENTITIES.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990. See separate instructions.
Information about Schedule R (Form 990) and its instructions is at

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

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)	(f)	(g) Section 512(b)(13) controlled entity?	
						Yes	No

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

Schedule R (Form 990) 2013

95-6106694

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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
CHARITd									

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.

	Yes	No
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?		
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)			
(2)			
(3)			
(4)			
(5)			
(6)			

