

Form 990

Return of Organization Exempt From Income Tax

2014

www.irs.gov/form990

JUL 1, 2014

JUN 30, 2015

Form 990 header section containing organization name (CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION), address (6300 STATE UNIVERSITY DR. E., BEACH, CA 90815), telephone number (95-6106694), and principal officer (MARY STEPHENS).

Part I Summary SUPPORTING RESEARCH, COMMUNITY SERVICE, ENTREPRENEURSHIP, AND SPONSORED PROGRAMS.

Table with 3 columns: Description, Prior Year, Current Year. Rows include Revenue (Total: 3,196,976), Expenses (Total: 1,798,342), and Net Assets (Total: 45,410,331).

Part II Signature Block

Signature block containing signatures of MARY STEPHENS (CEO) and DONITA M. JOSEPH (Preparer), along with firm name (WINDES, INC.) and address (LONG BEACH, CA 90801).

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

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

1 Briefly describe the organization's mission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

4a Code: \_\_\_\_\_ Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ Revenue \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4b Code: \_\_\_\_\_ Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ Revenue \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4c Code: \_\_\_\_\_ Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ Revenue \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4d Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ Revenue \$ \_\_\_\_\_

4e \_\_\_\_\_





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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~ ~ ~ ~ ~		
	1a		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~ ~ ~ ~ ~		
	1b		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~ ~ ~ ~ ~		
	2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. e-file		
	2b		
3a			
	3a		
b	If "No," to line 3b, provide an explanation in Schedule O		
	3b		
4a			
	4a		
b			
5a			
	5a		
b			
	5b		
c			
	5c		
6a			
	6a		
b			
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
	7a		
b			
	7b		
c			
	7c		
d			
	7d		
e			
	7e		
f			
	7f		
g			
	7g		
h			
	7h		
8	Sponsoring organizations maintaining donor advised funds.		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a			
	9a		
b			
	9b		
10	Section 501(c)(7) organizations.		
a			
	10a		
b			
	10b		
11	Section 501(c)(12) organizations.		
a			
	11a		
b			
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts.		
	12a		
b			
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a			
	13a		
Note.			
b			
	13b		
c			
	13c		
14a			
	14a		
b	If "No," provide an explanation in Schedule O		
	14b		



[Redacted]

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

- current
- current
- current
  
- former
  
- former directors or trustees

(A)	(B)	(C) (do not check more than one box, unless person is both an officer and a director/trustee)						(D)	(E)	(F)
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			







**Part IX**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 ~ ~ ~ ~ ~				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~ ~ ~				
4 Benefits paid to or for members ~ ~ ~ ~ ~				
5 Compensation of current officers, directors, trustees, and key employees ~ ~ ~ ~ ~				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~ ~ ~				
7 Other salaries and wages ~ ~ ~ ~ ~				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits ~ ~ ~ ~ ~				
10 Payroll taxes ~ ~ ~ ~ ~				
11 Fees for services (non-employees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~				
c Accounting ~ ~ ~ ~ ~				
d Lobbying ~ ~ ~ ~ ~				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees ~ ~ ~ ~ ~				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion ~ ~ ~ ~ ~				
13 Office expenses ~ ~ ~ ~ ~				
14 Information technology ~ ~ ~ ~ ~				
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~				
17 Travel ~ ~ ~ ~ ~				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~ ~				
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~				
23 Insurance ~ ~ ~ ~ ~				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ~ ~				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



\_\_\_\_\_

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses. Subtract line 2 from line 1	3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

\_\_\_\_\_

		Yes	No
1	_____		
2a		2a	
b		2b	
c		2c	
3a		3a	
b		3b	



CALIFORNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received... 2 Tax revenues levied... 3 The value of services or facilities furnished... 4 Total. Add lines 1 through 3... 5 The portion of total contributions by each person... 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources... 9 Net income from unrelated business activities... 10 Other income. Do not include gain or loss from the sale of capital assets... 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions)... 13 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 3 columns: Description, Percentage, and Unit. Rows include: 14 Public support percentage for 2014... 15 Public support percentage from 2013 Schedule A... 16a 33 1/3% support test - 2014... b 33 1/3% support test - 2013... 17a 10% -facts-and-circumstances test - 2014... b 10% -facts-and-circumstances test - 2013... 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
5						
6 Total.						
7a						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c						
8 Public support (Subtract line 7c from line 6.)						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
9						
10a						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 2003						
c						
11						
12						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years.						

stop here

15		15
16		16

17	2014	17
18	2013	18

19a 33 1/3% support tests - 2014. stop here.

b 33 1/3% support tests - 2013. stop here.

20 Private foundation.



	Yes	No
1		
	1	
2		
	2	
3		
	3a	
	3b	
	3c	
4		
	4a	
	4b	
	4c	
5		
	5a	
	5b	
	5c	
6		
	6	
7		
	7	
8		
	8	
9		
	9a	
	9b	
	9c	
10		
	10a	
	10b	



--	--








**CALIFORNIA STATE UNIVERSITY LONG BEACH**

**RESEARCH FOUNDATION**

Schedule A (Form 990 or 990-EZ) 2014

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** 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 treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from  
(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) (2014)

Name of organization <b>CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION</b>	Employer identification number <b>95- 6106694</b>
---	--

**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
<b>1</b>	_____	\$ <b>592, 997.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>2</b>	_____	\$ <b>1, 868, 996.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>3</b>	_____	\$ <b>1, 085, 025.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>4</b>	_____	\$ <b>3, 949, 887.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>5</b>	_____	\$ <b>569, 958.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>6</b>	_____	\$ <b>674, 932.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization <b>CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION</b>	Employer identification number <b>95- 6106694</b>
---	--

**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
<b>7</b>	_____	\$ <b>1, 187, 190.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>8</b>	_____	\$ <b>3, 738, 859.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>9</b>	_____	\$ <b>2, 245, 245.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>10</b>	_____	\$ <b>1, 515, 621.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>11</b>	_____	\$ <b>679, 460.</b>	Person <input checked="" type="checkbox"/> <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
<b>12</b>	_____	\$ <b>1, 326, 325.</b>	Person Payroll Noncash <input checked="" type="checkbox"/> <b>X</b> (Complete Part II for noncash contributions.)

Name of organization <b>CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION</b>	Employer identification number <b>95- 6106694</b>
---	--

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<b>12</b>	<b>ARTWORK</b>	\$ <b>1,326,325.</b>	<b>06/17/15</b>
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

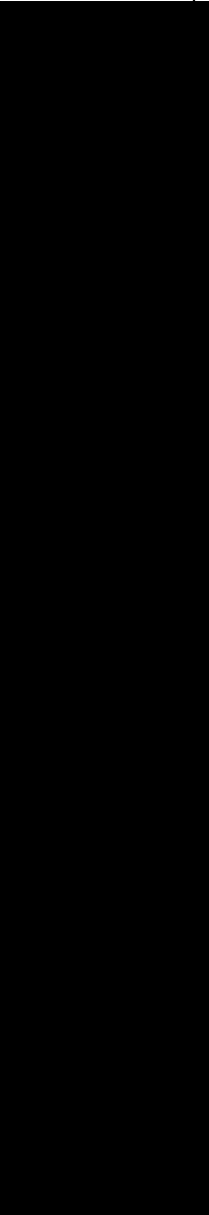


--	--






--	--	--

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No. 1545-0047

Open to Public  
Inspection

--	--

--	--

--	--

--	--


**CALIFORNIA STATE UNIVERSITY LONG BEACH**

Schedule C (Form 990 or 990-EZ) 2014

**RESEARCH FOUNDATION**

**95-6106694** Page 2

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) ~ ~ ~ ~ ~														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) ~ ~ ~ ~ ~														
c	Total lobbying expenditures (add lines 1a and 1b) ~ ~ ~ ~ ~														
d	Other exempt purpose expenditures ~ ~ ~ ~ ~														
e	Total exempt purpose expenditures (add lines 1c and 1d) ~ ~ ~ ~ ~														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
	<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) ~ ~ ~ ~ ~														
h	Subtract line 1g from line 1a. If zero or less, enter -0- ~ ~ ~ ~ ~														
i	Subtract line 1f from line 1c. If zero or less, enter -0- ~ ~ ~ ~ ~														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	Yes	No												

4-Year Averaging Period Under section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	<b>1,000,000.</b>	<b>1,000,000.</b>	<b>1,000,000.</b>		<b>3,000,000.</b>
b					<b>4,500,000.</b>
c	<b>139,638.</b>	<b>108,000.</b>			<b>247,638.</b>
d	<b>250,000.</b>	<b>250,000.</b>	<b>250,000.</b>		<b>750,000.</b>
e					<b>1,125,000.</b>
f					

Schedule C (Form 990 or 990-EZ) 2014

[ ]

	(a)		(b)
	Yes	No	Amount
1			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
2a			
b			
c			
d			

[ ]

	Yes	No
1	1	
2	2	
3	3	

[ ]

1	1	
2		
expenses for which the section 527(f) tax was paid. (do not include amounts of political		
a	2a	
b	2b	
c	2c	
3	3	
4		
	4	
5	5	

[ ]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the organization

Employer identification number

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year ~ ~ ~ ~ ~		
2 Aggregate value of contributions to (during year) ~ ~ ~ ~		
3 Aggregate value of grants from (during year) ~ ~ ~ ~ ~		
4 Aggregate value at end of year ~ ~ ~ ~ ~		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ~ ~ ~ ~ ~	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	Yes	No

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
  - Preservation of land for public use (e.g., recreation or education)
  - Protection of natural habitat
  - Preservation of open space
  - Preservation of a historically important land area
  - Preservation of a certified historic structure
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements ~ ~ ~ ~ ~	2a
b Total acreage restricted by conservation easements ~ ~ ~ ~ ~	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d uishnj, isorTd (n sepply.)Tj 21.6 -12 Tdd of ye of conaluprrinerva   T* (AFe ed in4x7eds66.a qwe p a )] TJ 0 -36 TDNe1u0.(et0oizatit?)Tj0.94,"10mJoAFequ	2d

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 Yes No

7 \_\_\_\_\_

8 Yes No

9 \_\_\_\_\_

\_\_\_\_\_

1a \_\_\_\_\_

b \_\_\_\_\_

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

2 \_\_\_\_\_

a \_\_\_\_\_

b \_\_\_\_\_

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Schedule D (Form 990) 2014

**95-6106694** Page 2

**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, for escrow or custodial account liability? ..... Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 .....		<b>17,066,474.</b>		<b>17,066,474.</b>
b Buildings .....		<b>33,017,207.</b>	<b>11,130,328.</b>	<b>21,886,879.</b>
c Leasehold improvements .....				
d Equipment .....		<b>1,810,525.</b>	<b>1,810,525.</b>	<b>0.</b>
e Other .....				
<b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....</b>				<b>38,953,353.</b>

Schedule D (Form 990) 2014



[Grey box]

1  
2  
a  
b  
c  
d  
e      2a      2d  
3  
4

2a	
2b	
2c	
2d	

1	
2e	
3	


5  
[Grey box]




[Grey box]

[Blank lined area]











CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

Schedule F (Form 990) 2014

95- 6106694 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ~ ~ ~ ~ ~ Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ~ ~ ~ ~ ~ Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ~ ~ ~ ~ ~ Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ~ ~ ~ ~ ~ Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ~ ~ ~ ~ ~ Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ~ ~ ~ ~ ~ Yes  No

Schedule F (Form 990) 2014







				(d) (da



	_____	_____	_____	

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



---


---

---

\_\_\_\_\_

---

---

---

\_\_\_\_\_

---

---

---



---



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

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://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 Domestic Organizations and Domestic Governments. 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	0.	3,196,976.			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 Domestic Individuals. 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:**

**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 FY 2014- 2015.**

SCHEDULE J  
(Form 990)

Compensation Information

OMB No. 1545-0047

2014

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.

Department of the Treasury  
Internal Revenue Service

Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Open to Public Inspection

Name of the organization

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Employer identification number  
**95-6106694**

Part I Questions Regarding Compensation

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             | Housing allowance or residence for personal use |
| Travel for companions                     | Payments for business use of personal residence |
| Tax indemnification and gross-up payments | Health or social club dues or initiation fees   |
| Discretionary spending account            | 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 ~ ~ ~ ~ ~

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? ~ ~ ~ ~ ~

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                     |   |
|-------------------------------------|---|
| Compensation committee              | Written employment contract   |
| Independent compensation consultant | Compensation survey or study  |
| Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |   |    |  |                                     |
|---|----|--|-------------------------------------|
| a Receive a severance payment or change-of-control payment? ~ ~ ~ ~ ~                             | 4a |  | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? ~ ~ ~ ~ ~ | 4b |  | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? ~ ~ ~ ~ ~    | 4c |  | <input checked="" type="checkbox"/> |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |                                       |    |                                     |                                     |
|---------------------------------------|----|-------------------------------------|-------------------------------------|
| a The organization? ~ ~ ~ ~ ~         | 5a |                                     | <input checked="" type="checkbox"/> |
| b Any related organization? ~ ~ ~ ~ ~ | 5b | <input checked="" type="checkbox"/> |                                     |
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |                                       |    |  |                                     |
|---------------------------------------|----|--|-------------------------------------|
| a The organization? ~ ~ ~ ~ ~         | 6a |  | <input checked="" type="checkbox"/> |
| b Any related organization? ~ ~ ~ ~ ~ | 6b |  | <input checked="" type="checkbox"/> |
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III ~ ~ ~ ~ ~

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ~ ~ ~ ~ ~

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ~ ~ ~ ~ ~

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b	<input checked="" type="checkbox"/>	
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014



**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

**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:**

**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.**



--



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?								
b								
c Are there any research agreements that may result in private business use of bond-financed property?								
d								
4								
5								
6								
7								
8a								
b								
c								
9								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1								
2								
a								
b								
c								
3								
4a								
b								
c								
d								
e								

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Schedule K (Form 990) 2014

**95- 6106694**

Page 3

**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)? .....		<b>X</b>		<b>X</b>		<b>X</b>		
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?		<b>X</b>		<b>X</b>		<b>X</b>		
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? .....	<b>X</b>		<b>X</b>		<b>X</b>			

**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? .....		<b>X</b>		<b>X</b>		<b>X</b>		

**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.**



**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, PART I, COLUMN (B):**

**THE NUMBER OF CONTRIBUTORS REPRESENTS THE NUMBER OF ITEMS CONTRIBUTED.**

**SCHEDULE M, LINE 32B:**

**CSULB RESEARCH FOUNDATION HIRED CARS FOR CAUSES FOR CAR DONATION**

**PROGRAM. CARS FOR CAUSES RETAINED 20% OF NET PROCEEDS FROM VEHICLE**

**DONATION. CSULB RESEARCH FOUNDATION RETAINED \$22,092 AS A RESULT OF THE**

**VEHICLE DONATION.**

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](http://www.irs.gov/form990)

Name of the organization

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Employer identification number  
**95-6106694**

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

**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:**

**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 <b>CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION</b>	Employer identification number <b>95- 6106694</b>
--	--

- 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:

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:

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 I, LINE 16B

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

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

Employer identification number  
**95- 6106694**

**ARE LARGE GRANTS FROM GOVERNMENT ENTITIES.**

**FORM 990, PART VI, LINE 14**

**THE ORGANIZATION FOLLOWS A WRITTEN RECORDS RETENTION PROCEDURE THAT HAS  
NOT BEEN PRESENTED FOR BOARD APPROVAL. THE RETENTION PROCEDURE WILL BE  
PRESENTED TO THE BOARD FOR APPROVAL AT A FUTURE MEETING.**





**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

**Part III** Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (2)		CA							<b>X</b>
CHARITABLE GIFT ANNUITIES (36)		CA							<b>X</b>

**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 ~ ~ ~ ~ ~	1a	
b Gift, grant, or capital contribution to related organization(s) ~ ~ ~ ~ ~	1b	
c Gift, grant, or capital contribution from related organization(s) ~ ~ ~ ~ ~	1c	
d Loans or loan guarantees to or for related organization(s) ~ ~ ~ ~ ~	1d	
e Loans or loan guarantees by related organization(s) ~ ~ ~ ~ ~	1e	
f Dividends from related organization(s) ~ ~ ~ ~ ~	1f	
g Sale of assets to related organization(s) ~ ~ ~ ~ ~	1g	
h Purchase of assets from related organization(s) ~ ~ ~ ~ ~	1h	
i Exchange of assets with related organization(s) ~ ~ ~ ~ ~	1i	
j Lease of facilities, equipment, or other assets to related organization(s) ~ ~ ~ ~ ~	1j	
k Lease of facilities, equipment, or other assets from related organization(s) ~ ~ ~ ~ ~	1k	
l Performance of services or membership or fundraising solicitations for related organization(s) ~ ~ ~ ~ ~	1l	
m Performance of services or membership or fundraising solicitations by related organization(s) ~ ~ ~ ~ ~	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ~ ~ ~ ~ ~	1n	
o Sharing of paid employees with related organization(s) ~ ~ ~ ~ ~	1o	
p Reimbursement paid to related organization(s) for 47,for r1ses0 -12 TD (1q)Tbursement paid to related organization(s)	1p	
q	1q	
r	1r	
s	1s	

2	(a)	(b)	(c)	(d)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



