### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CT-10588

 $_{\text{Form}}\,990$ 

## Return of Organization Exempt From Income Tax

2014

							14	www.irs.o	iov/form	00N			-
					JUL 1,	2014	v		N 30		5		
		CALI	organization FORNI A ST ARCH FOU		VERSI TY	LONG BEA	СН						
		Doing bu	usiness as							95-	6106	694	
_		6300	and street (or P.C STATE UI	NI VERSI T	TY DR. E.		Roon <b>332</b>	n/suite <b>2</b>	Teleph	none numb	oer		
	LON		own, State of 1906	MAKY 5	and ZIP or fore	ign postal code			Is th	is a group	return	X	
Si	AME	AS <sub>Name</sub> ar	<b>BOVE</b> ess of pri	ncipal officer:					for s	ubordinate	es? ~ ~		
	<u>www</u>	E CUNDA'	TI 9N(c)(SSUI	LB <sub>50</sub> F(D)U	)§ (insert r	no.) 4947(a)(	(1) or	527 <b>1</b>	If "N <b>95⊜</b> rou	o," attach up exempt	a list. (s	see instruct	ions)
Fo	orm of	organization:	Corporation	Trust	Association	Other		Year of f	ormation	:	State	of legal dor	nicile:
	rt I	Summary		NIII IN A 1		SUPPORTI N			CH,	COMMU	NI TY	•	
SER	VI C	Briefly desemb	E-the Granizatio	his inssion of	Host Significant	DRED <sub>es</sub> PROG	RAMS	<b>).</b>					
Activities & Governanc		Check this box		0		operations or dis	•				assets.	8	
G						e 1a) ~~~~ dy (Part VI, line 1l						$\frac{3}{1425}$	
85 &						Part V, line 2a) ~						109	
ĭį												0.	
Acti						ne 12 ~~~~						0.	
$\dashv$		Net unrelated	<u>business taxable</u>	income from	orm 990-T, line	34 • • • • •	20	205	740	97	012	206	
	_						32, 11	205, 204	<u>/計器r \</u> 006		$\frac{912,}{537,}$	396 <sub>nt Y</sub>	<u>ear</u>
Revenue	8	Contributions	and grants (Part	VIII, line 1h) -	-~~~~~	~~~~~~	~ 4 4 5	704	751		448,		
ever	9	Program servic	ce revenue (Part	VIII, line 2g) - olumn (A) lino	2 4 and 7d	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~	- 12.	$\frac{751.}{058.}$		135,		
٣	10 11	Other revenue	(Part VIII, colum	n (Δ) lines 5 6	d 8c 9c 10c a	and 11e) ~~~~	~44 <u>,</u>	192,	<del>538</del> .		034,		
	12	Total revenue	- add lines 8 thro	uah 11 (must e	egual Part VIII. c	olumn (A), line 12	3,	751,	987.	3,	196,	976.	
	13	Grants and sin	milar amounts pai	id (Part IX, colu	ımn (A), lines 1-3	3) ~~~~~~	~ ~ ~ ~	-	U.			0.	
	14	Benefits paid t	to or for member	s (Part IX, colu	mn (A), line 4)	, - ~ ~ ~ ~ ~ ~ ~ ~	<sub>~</sub> 23,	.7 <u>16,</u>	965.	23,	250,		
es	15	Salaries, other	compensation, e	employee bene	efits (Part IX, col	umn (A), lines 5-1	0) ~ ~ ~	35,	<u> 390.</u>		32,	<b>500</b> .	
Expenses	16a	Professional fu	undraising fees (F	Part IX, column	(A), line 11e) $5$	78,376	~ ~ ~ ~	400	<b>~</b> 0.4	45	~~~	004	
ă X			ng expenses (Pa			'	4 ~	488,			755 <u>,</u>		
- "	17	Other expense	es (Part IX, colum	n (A), lines 11a	n-11d, 11f-24e) -	~~~~~~~		993,			236, 798,		
	18	Total expense:	s. Add lines 13-1	7 (must equal	Part IX, column (	(A), line 25) ~ ~ ~	~~~.	. 800,	<u> </u>				
-Sa	19	Revenue less	expenses ( Sindleting	setdthen1501on	<u>n, llstæ7,1 år 4949 (</u> g	a)(1) of the Inter	<u>107</u>	enue Cod	de (exce <b>045</b>	pt private 104	fbunda <b>943</b>	ntions) 1-4.7	
ets ( anc	20	Total accete (F	Part V line 14)	Do	not enter social s	ecurity numbers on 990 and its ins	n this for	212.	<del>ay be m</del> a 714.	<u>1de públic</u> 58.	875,	187.	<del>Open to P</del> ublic Inspection
Net Assets or Fund Balances	20 21 A	Totaiassets (F Toffahlibhailibilas)	'art∧, iirie roj ' 4.Peande∧talmev∧e∧an	or tax vear-b	riion auddi 7 oi i Painning ~ ~ ~ .		$\sim 45$	a <b>410</b>	331.		067,		<u>Inspection</u>
ER				_	-					D Employ	ver iden	tification	number
Pa	rt II	Signature								, ,			
Unde	r pena	Ities of perjury, I	declare that I have	examined this r	eturn, including ac	companying sched	lules and	statement	s, and to	the best of	my know	ledge and b	elief, it is
				oarer (other than	officer) is based of	on all information of	f which p	reparer ha		owledge. E			
Sign	MAR	Y=STERH	ENSiger CEO						D	ate			
Here	)									G			
DON]	I TA	PM-t/TypeQr		DONI	TA PMparer J	SEPH	12/1	10/1256	е		2866		Yes N
			ES, INC.							H( <b>9)</b> 5 <u>eīf-e</u> 33)	UO11	<b>79</b> ngeb (if)Tj 436	(seNamesempf)T57N
	ļ		<b>BOX 87</b>	0.000	1					rm's EIN C		1	
	,	Five Band S	GEACH, C	CA 90801	L					2 <sub>(c)</sub> 435/	- 119	1	
	k	<u> </u>								hone n		M	
Mav	the IF	RS discuss this	s return with the	oreparer show	n above? (see ir	structions) • •					• •	Yes	No_

1 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

Form	990 (2014)			Page
				J
1	Check if Schedule O contains a Briefly describe the organization's mis-	response or note to any line in this Part III • • • • sion:	••••••••	•
	Did the organization undertake any sig	gnificant program services during the year which w	vere not listed on	
_	the prior Form 990 or 990-EZ? ~~~ If "Yes," describe these new services of	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Yes	No
3		g, or make significant changes in how it conducts,	any program services?~ ~ ~ ~ ~ Yes	No
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				

	I		
			_
	<b>-</b>		
			_
			<u> </u>
			_
	<u> </u>		
	<b>-</b>		<del></del>
			<u></u>
	<u> </u>		
	<u></u>	L	
	<u> </u>		<del></del>
	<b>-</b>		<del></del>

Form 990 (2014) Page

10a		Check if Schedule O contains a response or note to any line in this Part V		• • • • • • • • •	• • •	• •	
be Finite the number of Ferms W-2G included in line 1a. Enter 6- bit not applicable —						Yes	No
to bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within gambling without payer and gambling within the rules of employees reported on Form W(3, Transmittal of Woge and Tax Statements, filed for the calendary year ending with or within the year covered by this return —	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable $\sim \sim \sim$	<u>1a</u>				
Comparison of the property of the property of the property of the payor?   Payor of the payor of the payor?   Payor of the pay	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable $\sim$	1b				
The number of employees reported on Form W-3. Iransmittal of Wage and Tax Statements   2a	С		reporta	able gaming			
First Calendar year ending with or within the year covered by this returns				• • • • • • • • • • • • • • • • • • •	1c		
1	2a						
Note							
33	b		rns?		2b		
1		Note. e-file					
4a   4a   4a   4a   4a   4a   4a   4a	3a		_				
1	b	If "No," to line 3b, provide an explanation in Schedule	O		3b		
Sa	4a						
Sa					<u>4a</u>		
Sp.	b						
Sp.							
Section 501(c)(12) organizations maintaining donor advised funds.   Section 501(c)(12) organizations maintaining donor advised funds.   Section 501(c)(12) organizations   Section 501(c)(12) organizations   Section 501(c)(29) qualified nonprofit health insurance issuers.   Section 501(c)(29) qualified							
b	_				5c		
b   6b   6b   6b   7   Crganizations that may receive deductible contributions under section 170(c).	6a				,		
7 Organizations that may receive deductible contributions under section 170(c).  8 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?  7 D	1.				<u>6a</u>		
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? 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	D				/ la		
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   7b   7c   7c   7c   7c   7c   7c   7c	7	Owner in the real way was about add with the contributions and an earlier 170(a)			60		
The			rvioos	aravidad to the naver?	70		
C		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	II VICES	orovided to the payor?			
To     To   To   To     To   To   To     T					7.0		
To     To     To     To     To     To     To     To     To   To   To     To   To   To     T	C				70		
Te	Ь		<sub>7d</sub>		70		
f g h h l l l l l l l l l l l l l l l l l			_ / u	l	76		
To							
Note   Provide an explanation in Schedule O   Provide a	•						
8							
9 Sponsoring organizations maintaining donor advised funds.  9 Section 501(c)(7) organizations.  10 Section 501(c)(7) organizations.  11 Section 501(c)(12) organizations.  12 Section 4947(a)(1) non-exempt charitable trusts.  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13 Note.  13	8	Sponsoring organizations maintaining donor advised funds.					
9a 9b 9b 100 Section 501(c)(7) organizations.					8		
9a 9b 9b 100 Section 501(c)(7) organizations.	9	Sponsoring organizations maintaining donor advised funds.					
10 Section 501(c)(7) organizations.  a b	а				9a		
10a   10b   10b	b				9b		
Decision 501(c)(12) organizations.	10	Section 501(c)(7) organizations.		1			
11 Section 501(c)(12) organizations.  a b  11a	а		10a				
a b lab lab lab lab lab lab lab lab lab	b		10b				
b Section 4947(a)(1) non-exempt charitable trusts.  b Section 501(c)(29) qualified nonprofit health insurance issuers.  a Note.  b 13a	11	Section 501(c)(12) organizations.		I			
Section 4947(a)(1) non-exempt charitable trusts.  b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a  Note.  b  c  13b  13a  13a  14a  b  If "No," provide an explanation in Schedule O  14b	а		11a				
Section 4947(a)(1) non-exempt charitable trusts.  b Section 501(c)(29) qualified nonprofit health insurance issuers.  12a  12b  13a  13a  14a  14a  15 "No," provide an explanation in Schedule O  14b	b						
b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Note.  b c 13b 13c 14a b If "No," provide an explanation in Schedule O			11b				
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Note.  b	12a	Section 4947(a)(1) non-exempt charitable trusts.	ı	I	12a		
13a			12b				
Note. b c 13b 13c 14a b If "No," provide an explanation in Schedule O 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
c 14a b If "No," provide an explanation in Schedule O 14b	а				13a		
13b 13c 14a 14a 14b 15 17 18 18 18 18 18 18 18 18 18 18 18 18 18		Note.					
c     13c     14a       b     If "No," provide an explanation in Schedule O     14b	b		1,01	I			
14a b If "No," provide an explanation in Schedule O 14a 14b	_		1				
b If "No," provide an explanation in Schedule O			<u> 13C</u>	<u> </u>	14-		
		If "No " provide an explanation in Schedul	e O				
	υ	ii 110, provide an explanation in concedii	<i></i>				(2014)

	\/	NI -
	yes	No
_	 _	
_		

Form 990 (2014) Page

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

former directors or trustees

former

(A)	(B)	(C)						(D)	(E)	(F)
		(do box, offic	not cl unles er an	heck ss pe d a d	more rson i irecto	than o s botl r/trus	one n an tee)			
		Individual trustee or director	Institutional trustee		loyee	Highest compensated employee				
		Individu	Institutio	Officer	Кеу етр	Highest ( employe	Former			

	(do box,	(do not check more than one box, unless person is both ar officer and a director/trustee)							
	Individual trustee or director	Institutional trustee			Highest compensated employee				
	Individua	Institutio	Officer	(ey empl	Highest of employee	Former			
						_			

Form	1 990 (2014)				Page 10
	rt IX				Tugo To
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All o	ther organizations must o	complete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(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				
4	individuals. See Part IV, lines 15 and 16 ~ ~ ~				
4 5	Benefits paid to or for members ~ ~ ~ ~ ~ ~ ~ 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				
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits ~~~~~~~				
10	Payroll taxes ~~~~~~~~				
11	Fees for services (non-employees):				
а	Management ~~~~~~~~~~				
b	Legal				
С	Accounting ~~~~~~~~~~				
d	Lobbying ~~~~~~~~~~				
е	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				

432010 11-07-14	Form	(2014)

for any federal, state, or local public officials Conferences, conventions, and meetings  $\sim \sim$ 

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.) ~ ~

Other expenses. Itemize expenses not covered

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

19 20

21 22

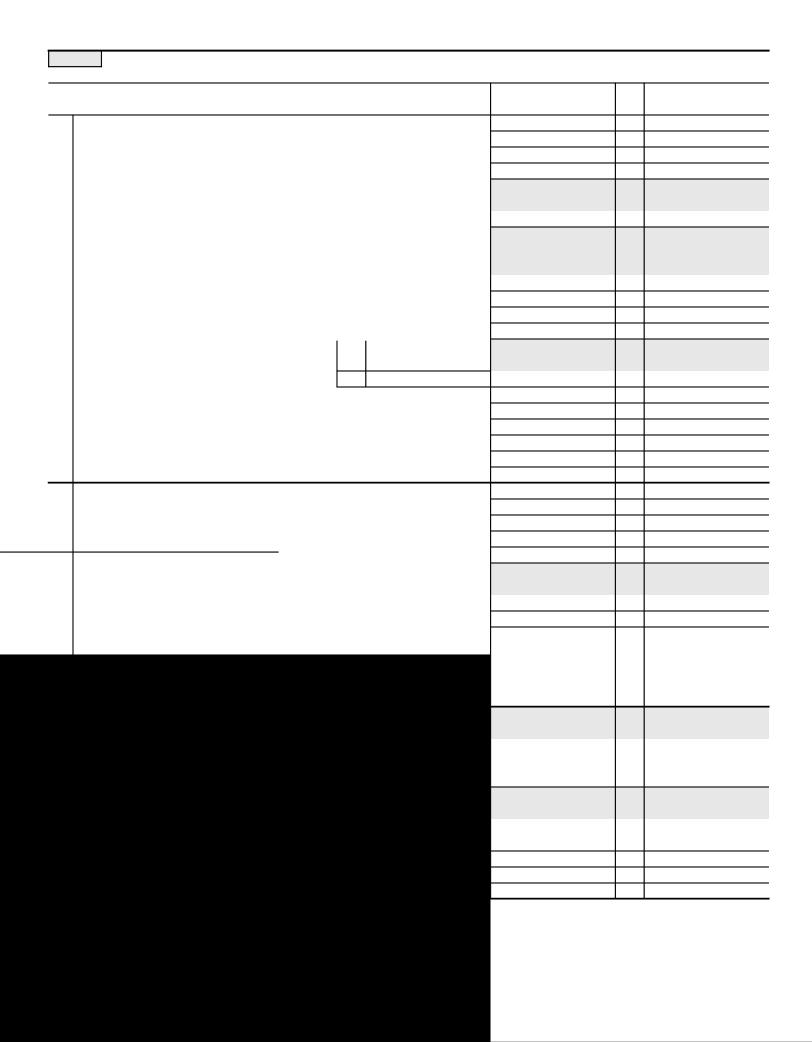
23

24

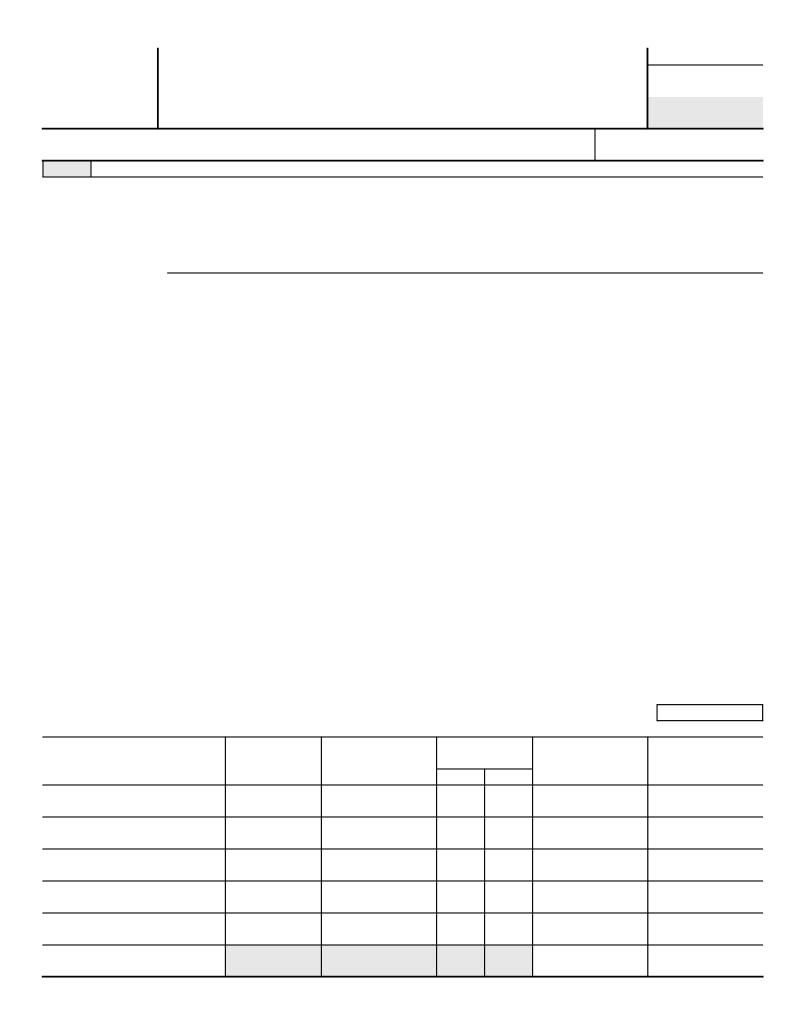
a b c d

e All other expenses \_

Check here |



Forr	n 990 (2014)				Paç	ge
	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		
С						
				2c		
3a						
				3a		
b						



## CALI FORNI A STATE UNI VERSI TY LONG BEACH

Schedule A (Form 990 or 990-EZ) 2014 RESEARCH FOUNDATION

95-6106694 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") ~~	50,459,194.	47,707,987.	40,125,988.	32,184,949.	27,912,396.	198,390,514.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
3	The value of services or facilities						
Ü	furnished by a governmental unit to						
	the organization without charge ~						
4	Total. Add lines 1 through 3 ~~~	50,459,194.	47,707,987.	40,125,988.	32,184,949.	27,912,396.	198,390,514.
	The portion of total contributions		, - ,		_ , _ ,	, , , , , , , , , , , , , , , , , , , ,	
J	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
,	column (f) ~~~~~~~~						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	(-) 2010	(L) 2011	(-) 2012	(-I) 2012	(-) 2014	(6) T-+-I
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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, whether or not the						
	business is regularly carried on ~						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.) ~~~~						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons) ~~~~~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~~	12	
13	First five years. If the Form 990 is for						
	organization, check this box and stor			• • • • • • • •	• • • • • • • •	• • • • • • • • •	• • • •
Sec	ction C. Computation of Publ	ic Support Per	rcentage			<u> </u>	
	Public support percentage for 2014 (I					14	%
15	Public support percentage from 2013	Schedule A, Part	II, line 14 ~ ~ ~ ~	~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~~	15	%
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization	~~~~~~	~~~~~~	~~~~~~	~ ~ ~ ~
b	33 1/3% support test - 2013. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation ~~~~~	~~~~~~	~~~~~~	~ ~ ~ ~
17a	10% -facts-and-circumstances tes	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization ~ ~	~~~~~~	~~~
b	10% -facts-and-circumstances tes	t - 2013. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	cly supported orga	anization ~~~~	~~~
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a. 16b. 17a. or 17b	check this box a	nd see instruction:	s • • •

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
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	(a)	(6)	(C)	(u)	(e)	(1)
7 10a						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 3084444464586071411	Manufactive 122 1600 (2014) of 4500 for	eldin@ift\$lpdranHt&e	bje 1 f2kyidpuui ji TCjt &R (2kg)jee1at	tzettiledi De((1e3s£óm&ó)	C3ACCATrisbUSE (CF 10Tistecut) EF	(ga a) (D) (s) Hotail (g beat Tid
acquired after June <b>3阳6两角的</b> 多 <b>次</b> 1.1 amountdividyeas1 c 8(中6紀4894时)(於所	∡paymenpuced jo <del>t-ed on-libii61139f¢c)</del>	   <del> ( 5,c 8e614    TD:\$e%.c1c</del>	   <del>                                  </del>	   <del>eatebs-taxab120¢</del> 9	 } <del>!.4FT0) (∮200) oun(req</del>	ulinly carri0 nes.32 -
11		_ , ,,,,,	, , ,		. , , , , ,	
12						
12						
12. Total cumpart (Add III. 2022 and 1222)						
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First five years.</li></ul>				l		_
stop here						
210h Here						
15					15	
16					16	
17 20	014				17	<del>_</del>
	2013				18	
19a 33 1/3% support tests - 2014.						
	stop here.					

stop here.

b 33 1/3% support tests - 2013.

		Yes	No
1			
2	11		
2			
	2		
3			
	3a		
	3b		
	36		
	3c		
4			
	<u>4a</u>		
	4b		
	4c		
5	40		
	_		
	<u>5a</u>		
	5b		
	5c		
6			
	6		
7			
	_		
8	7		
	8		
9			
	<u>9a</u>		
	9b		
	9c		
10			
	10a		
	iva		
	10b		

	į			
	· ·			
		<u> </u>	I	l
	1			
-				
			1	
			ı	

## CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule A (Form 990 or 990-EZ) 2014 RESEARCH FOUNDATI ON 95-6106694 Page 7 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 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) Other distributions (describe in Part VI). See instructions. 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

	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
<ul> <li>Underdistributions, if any, for years prior to 2014</li> <li>(reasonable cause required-see instructions)</li> </ul>			
3 Excess distributions carryover, if any, to 2014:			
<u>a</u>			
b			
С			
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			
С			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

### CALI FORNI A STATE UNI VERSI TY LONG BEACH

Schedule A	(Form 990 or 990-EZ) 2014 RESEARCH FOUNDATION	93-6106094 Page 8
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).	

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

| Attach to Form 990, Form 990-EZ, or Form 990-PF. | Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at OMB No. 1545-0047

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

# CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Employer identification number

95-6106694

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$592, 997.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1, 868, 996.	Person <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1, 085, 025.	Person <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3, 949, 887.	Person <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$569, 958.	Person <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$674, 932.	Person <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)

## Name of organization CALI FORNI A STATE UNI VERSITY LONG BEACH RESEARCH FOUNDATION

Employer identification number

95-6106694

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1, 187, 190.	Person <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$3, 738, 859.	Person <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$2, 245, 245.	Person <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	- Hamo, address, and 2n + 1	\$1, 515, 621.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$679, 460.	Person <b>X</b> Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$1, 326, 325.	Person Payroll Noncash <b>X</b> (Complete Part II for noncash contributions.)

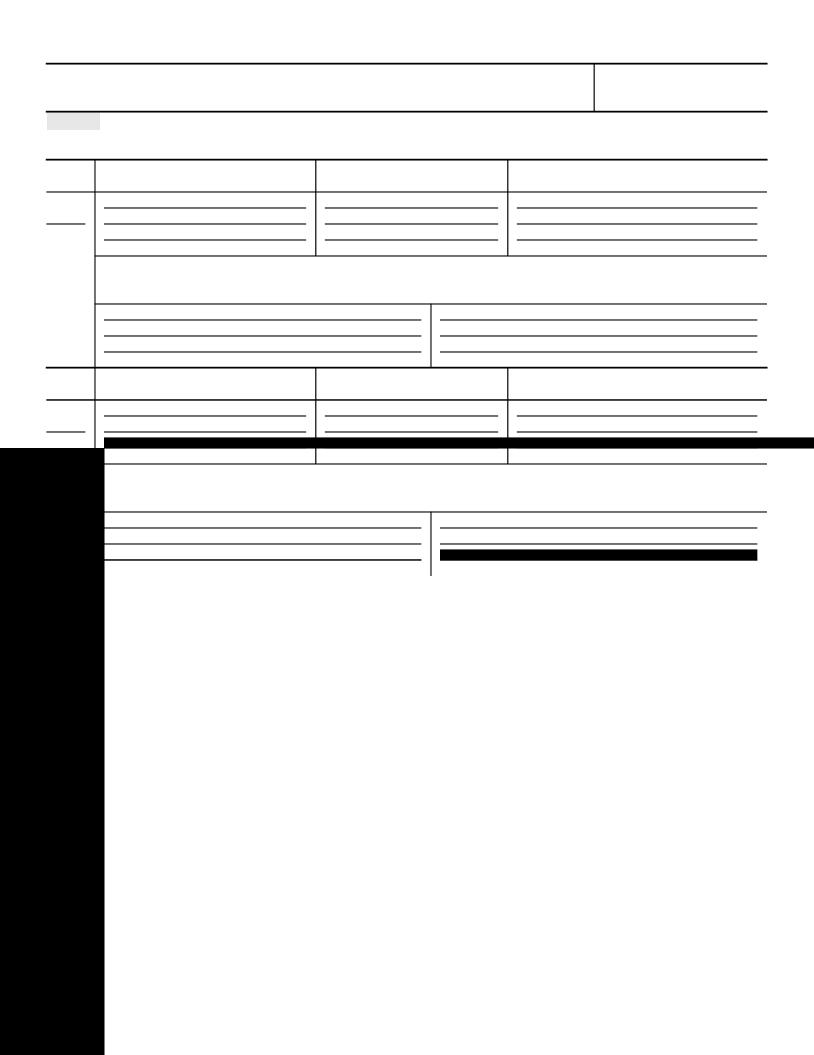
Name of organization

Employer identification number

# CALI FORNI A STATE UNI VERSI TY LONG BEACH RESEARCH FOUNDATION

95-6106694

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
12	ARTWORK	_	
			06/17/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received



(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 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 J 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. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  $\sim \sim \sim \sim$ b Total lobbying expenditures to influence a legislative body (direct lobbying) ~~~~~~~ Lobbying nontaxable amount. Enter the amount from the following table in both columns 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-j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 

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.)

	oce the separt	ate matractions for in	ics za tili oagii zi.)					
	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 Lobbying nontaxable amount	1, 000, 000.	1, 000, 000.	1, 000, 000.		3, 000, 000.			
b Lobbying ceiling amount (150% of line 2a, column(e))					4, 500, 000.			
c Total lobbying expenditures	139, 638.	108, 000.			247, 638.			
d Grassroots nontaxable amount	250, 000.	250, 000.	250, 000.		750, 000.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1, 125, 000.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2014

	(8	a)	(b	p)
	Yes	No	Amo	
1				
a				
b c				
d				
e				
f g				
h				
i				
j 2a				
b				
C				
d	I			
				NI-
1		1	Yes	No
2		2		
3		3		
1		_1_		
2 (do not include amounts of politic	cal			
expenses for which the section 527(f) tax was paid).		2a		
b		2b		
c 3		2c 3		
4				
_ 5		<u>4</u> 5		

(Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at

Open to Public Inspection

OMB No. 1545-0047

am	ne of the organization	Em	ployer identification n	umber
			Complete if the	
	organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds	(b) Fu	nds and other accounts	
1	Total number at end of year ~~~~~~~~~	(2)	nas ana sinsi asseants	
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 fu	ınds		
0	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			
-	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	-		
	impermissible private benefit? ••••••••••••••••••••••••	_	• • • Yes	No_
	Complete if the organization answered "Yes" to Form 990, Part IV			
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)  Preservation of a historical	lly impo	ortant land area	
	Protection of natural habitat Preservation of a certified			
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contri	conserv	vation easement on the	last
	day of the tax year.			
			Held at the End of the Ta	ax Year_
а	Total number of conservation easements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2a		
b	Total acreage restricted by conservation easements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b		
С	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	) - <b>3</b> 6 TE	Ne1u0.(et0oizatit?)Tj0.9	94,"10mJo
		2d		
3				
1				
5				
			Yes	No
)				_
7				
3				
			Yes	No
)				
la				
b				
	(1)			
_	(ii)			
2				
а				
b				

95-	6106694	Page 2
	. /	-1\

Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	er Similar A	Assets(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	nt are a s	ignificant use	of its collection	items
	(check all that apply):								
а	X Public exhibition	d		Loan or exc	hange progra	ams			
b	X Scholarly research	е		Other					
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purpose ii	n Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	sures, or oth	er similaı	assets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection? •			Yes	X No
Par	<u>t IV</u> Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered	"Yes" to	Form 990, Par	t IV, line 9, or	
1a	Is the organization an agent, trustee, custodi								
	on Form 990, Part X? ~~~~~~~~~~~				~~~~~	~ ~ ~ ~ ~	~~~~~~	~ Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					
								Amount	
С	Beginning balance								
d	Additions during the year ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
e	Ending balance ~~~~~~~~								
T	9						- <u>l 1f  </u>		NI -
	Did the organization include an amount on Foundation of the arrangement in Part XIII.						•		No
	t V Endowment Funds. Complete if								
ı uı	Endowment Tarias. Complete ii	(a) Current year		Prior year	(c) Two year			back (e) Four y	ears hack
12	Beginning of year balance ~~~~~~	(a) Current year	(D) I	noi yeai	(C) TWO year	13 back	(u) Tillee years	back (e) roury	cars back
1a b	Contributions ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~								
	Net investment earnings, gains, and losses								
c d	Grants or scholarships ~~~~~~~								
e	Other expenditures for facilities								
C	and programs ~~~~~~~~~								
f	Administrative expenses ~~~~~~								
q	End of year balance ~~~~~~~								
2	Provide the estimated percentage of the curr	ent vear end haland	e (line 1	a column (	a)) held as:			'	
a	Board designated or quasi-endowment	-	_%	g, column (	ajj ricia as.				
b	Permanent endowment								
С	Temporarily restricted endowment								
Ū	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse	•	ation tha	at are held a	and administe	ered for t	he organizatio	n	
	by:						g		es No
	(i) unrelated organizations ~~~~~~~~~	~~~~~~~	~ ~ ~ ~	~~~~~	. ~ ~ ~ ~ ~ ~	~ ~ ~ ~ -		~ ~ ~ 3a(i)	
	(ii) related organizations ~~~~~~~~							~ ~ ~ 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations							~ ~ ~ 3b	
4	Describe in Part XIII the intended uses of the								
Par	<u>rt VI</u> Land, Buildings, and Equipm	ient.							
	Complete if the organization answered	d "Yes" to Form 990	, Part IV	, line 11a. S	See Form 990	, Part X,	line 10.		
	Description of property	(a) Cost or o basis (investr			t or other (other)	. ,	ccumulated preciation	(d) Book	
1a	Land ~~~~~~~~~~~~~~~	~			6, 474.			17, 066	
b	Buildings ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~		33, 01	7, 207.	11,	130, 328.	21, 886	, 879.
С	Leasehold improvements ~~~~~~~								
d	Equipment ~~~~~~~~~	~		1, 81	0, 525.	1, 8	<u>310, 525.</u>		0.
е	Other								
Tota	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colu	mn (B), line	10c.)		• • • •	38, 953	<u>, 353.</u>
							Cala	ll D /F	000) 2014

Schedule D (Form 990) 2014

Complete if the organization answered "Yes" to	o Form 990. Part IV-li	ne 11b. See Form 990. Part X. line 1:	).
(a) Description of security or category (including name of security)	(b) Book value		t or end-of-year market value
1) Financial derivatives ~~~~~~~~~~~			
2) Closely-held equity interests ~~~~~~~~~			
3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
Total. (Col. (b) must equal Form 990, Part X. col. (B) line 12.)			
(a)	(b)	(c)	
Total. (Col. (b) must equal Form 990. Part X, col. (B) line 13.)			
Total: (Coi. (b) illust equal Form 990. Part A. Coi. (b) illie 13.)			
(a)			(b)
otal, (Column (b) must equal Form 990, Part X, col. (B) line	15 \		
OTAL. (COldini (b) must equal 1 omi 990, 1 art X, col. (b) line	; 10.)		l .
(a)		(b)	
<u>.</u> (a)		(b)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2.			

Page

Schedule D (Form 990) 2014

1			1	
2				
а				
b		2b		
С		2c		
d		2d		
	2. 24	20 1	2-	
е	2a 2d		2e	
3			3	
4				
5				
		•		
		L		

ac.

Part XIII   Supplemental Information (continued)
DONATED COLLECTION ITEMS RECEIVED DURING THE YEAR ENDED JUNE 30, 2014. THE
FAIR MARKET VALUE OF DONATED COLLECTION ITEMS WAS APPROXIMATELY \$1,422,000
FOR THE YEAR ENDED JUNE 30, 2015.

OMB No. 1545-0047 | Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Open to Public Department of the Treasury Information about Schedule F (Form 990) and its instructions is at Inspection Internal Revenue Service Name of the organization Employer identification number Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  $\sim$   $\sim$ No Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees, agents, and offices (by type) (e.g., fundraising, program is a program service, expenditures for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region 3 a Sub-total ~~~~~ b Total from continuation sheets to Part I ~~~

c Totals

Schedule F (Form 990) 2014

95-6106694

Page 4

Par	t 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	X	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	X	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	X	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	X	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	X	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	X	No

Schedule F (Form 990) 2014

### CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule F	(Form 990) 2014	RESEARCH FOUNDATTO	DN	95-6106694	Page 5
Part V	Supplementa	l Information			_
· a. t ·					
			toring of funds); Part I, line 3, column (f) (acc		
	investments vs. e	xpenditures per region); Part II, line 1	(accounting method); Part III (accounting n	nethod); and Part III, column (c)	1
			omplete this part to provide any additional i		
	(commuted name	or recipients), as applicable. Also el	omplete this part to provide any additionari	mormation.	
		<del></del>			
_					

Schedule F (Form 990) 2014

#### SCHEDULE G

(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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

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. Mail solicitations Solicitation of non-government grants а е Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С q d In-person solicitations 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. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity or entity (fundraiser) fundraiser from activity or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

					2				
					(d) (da				
		_							

					<del> </del>
	-				
	-				
	_				
		-	•		
-					

Schedule G (Form 990 or 990-FZ) RESEARCH FOUNDATION	95-6106694 <sub>Page 4</sub>
Part IV Supplemental Information (continued)	_
PART I, LINE 2B, COLUMN (V):	
CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJ	JAZZ RADIO
STATION THAT IS OPERATED ON THE CSULB CAMPUS.	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

CALIFORNIA STATE UNIVERSITY LONG BEACH

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

							95-6106694
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record	s to substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	ction
criteria used to award the grants or as	sistance? ~ ~ ~ ~ ~	~~~~~~~~~	~~~~~~	~~~~~~~	~~~~~~~	~~~~~~~~	Yes No
2 Describe in Part IV the organization's r	rocedures for moni	toring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance t	Domestic Organi	zations and Domesti	c Governments. 0	Complete if the orga	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more that	<u> \$5,000. Part II can</u>	be duplicated if addit	ional space is nee	ded.			
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							TO PROVIDE SCHOLARSHIPS FOR TUITION AND OTHER EDUCATIONAL EXPENSES TO
LONG BEACH, CA 90812	93-1150363	PUBLIC UNIVER	SITY 0.	3,196,976.			STUDENTS ATTENDING CSULB
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in th	e line 1 table				1.

Schedule I (Form 990) (2014)

95-6106694

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	recipients	cash grant	Cash assistance	(book, Fiviv, appraisal, other)	
			#X		
Part IV   Supplemental Information. Provide the informat	<u>ion required in Part I, lin</u>	e 2, Part III, colum	n (b), and any other a	dditional information.	
PART I, LINE 2:					
SCHOLARSHIP RECIPIENTS APPLY FO	OR CSULB SCHO	OLARSHI PS	BASED ON V	ARI OUS	
MERITS, AND AS APPROVED BY THE	VARIOUS DEPA	ARTMENTS A	AT CSULB. S	CHOLARSHI PS	
ARE PAID BY CSULB DIRECTLY TO S	STUDENTS AND	RESEARCH	FOUNDATI ON	PEI MRUPSES	
CSULB. CSULB DEPARTMENTS IN COM	NCERT WITH F	I NANCI AL	AID DETERMI	NE STUDENTS	
ELIGIBILITY AND MONITOR FUND US	SAGE TO ENSU	RE THEY A	RE APPLIED	FOR ACADEMI C	

#### **SCHEDULE J** (Form 990)

Compensation Information
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.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

nformation about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

CALI FORNI A STATE UNI VERSI TY LONG BEACH Employed RESEARCH FOUNDATION

Employer identification number

95-6106694

Pa	art I Questions Regarding Compensation						
				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 releva	ant 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 for	ollow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above	ve? If "No," complete Part III to explain ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1b				
2	Did the organization require substantiation prior to reimbursing or	r allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, rega	arding 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					
	CEO/Executive Director. Check all that apply. Do not check any b	poxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but expla	in in Part III.					
	Compensation committee	Written employment contract					
	Independent compensation consultant	Compensation survey or study					
	Form 990 of other organizations	<b>X</b> Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section	on A, line 1a, with respect to the filing					
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment? ~		4a		X		
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan? ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
С	c Participate in, or receive payment from, an equity-based compensation arrangement?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	If "Yes" to any of lines 4a-c, list the persons and provide the appli						
	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	e organization pay or accrue any compensation					
	contingent on the revenues of:						
а	The organization?		5a		X		
b	Any related organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	5b	X			
	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	e organization pay or accrue any compensation					
	contingent on the net earnings of:						
а	The organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6a		X		
b	Any related organization? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6b		X		
	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	e organization provide any non-fixed payments					
	not described in lines 5 and 6? If "Yes," describe in Part III $\sim\sim\sim$		7		X		
8	Were any amounts reported in Form 990, Part VII, paid or accrued	d pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.495	58-4(a)(3)? If "Yes," describe in Part III ~~~~~~~~~~~~~	8		X		
9	If "Yes" to line 8, did the organization also follow the rebuttable p	resumption procedure described in					
	Regulations section 53.4958-6(c)? • • • • • • • • • • • • • •		9				

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

Schedule J (Form 990) 2014

$\vdash$				
			l	

I			L
			1
	1	<u> </u>	

Schedule K (Form 990) 2014 Part III Private Business Use (Continued) 3a Are there any management or service contracts that may result in private Yes No Yes No Yes No Yes No b c Are there any research agreements that may result in private business use of bond-financed property? 5 С 9 Part IV Arbitrage 1 Yes No Yes No Yes No Yes No 4a

### CALIFORNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

95-6106694

Page 3

Part IV Arbitrage (Continued)			_					
		Ą		В		Ç	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			_					
		Ą		В	(	Ç	] [	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 question	s on Schedu	le K (see inst	ructions).					
PART III, LINE 3D, PART III, LINE 9, AND PART V								
ANNUALLY, THE ORGANIZATION SUBMITS A REPORT TO T				I CE,				
WHICH TABULATES BOND FINANCED SPACE USED IN A PR								
BUSINESS, IF ANY. TO THE EXTENT THERE ARE ANY CH								
SPACE FROM THE PREVIOUS YEAR, THE ORGANIZATION O			RI VATE	USE				
CHECKLIST WHICH IS SUBMITTED TO THE CHANCELLOR'S	S OFFI C	E						
								•

Schedule K (Form 990) 2014

Department of the Trassity bytem (Revenue Sandra)						OMB No. 1545	5-0047
Department of the Treesury Internal Revenue Service							
Extra Rivers Stores	Department of the Treasury						
	Internal Revenue Service				T		
			ı	ı			

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION 95-6106694 Schedule M (Form 990) (2014) Page 2 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 DONATI ON. CSULB RESEARCH FOUNDATION RETAINED \$22, 092 AS A RESULT OF THE VEHICLE DONATION.

Schedule M (Form 990) (2014)

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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.

OMB No. 1545-0047

Open to Public

nformation about Schedule O (Form 990 or 990-F7) and its instructions is CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Employer identification number 95-6106694

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

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, LI NE 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".

REVIEW OF ALL REPORTED CONFLICTS OF INTEREST WILL BE CONDUCTED. 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 THE COMMITTEE SHALL REVIEW ALL RELEVANT THAT REPORTED CONFLICT OF INTEREST. 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:

- PERMI SSI BLE SI NCE THE DI SCLOSED I NFORMATI ON DOES NOT REPRESENT A POSSI BLE SOURCE OF BLAS OR INAPPROPRIATE ACTIVITY:
- PERMISSIBLE WITH MODIFICATIONS AIMED AT AVOIDING BIAS OR INAPPROPRIATE **ACTI VI TI ES:**

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

Schedule O (Form 990 or 990-EZ) (2014)

Employer identification number 95-6106694

I NCONSI STENT 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 FUNDRALSING EFFORTS JOINTLY WITH

IN ADDITION, A SIGNIFICANT PORTION OF THE CONTRIBUTIONS RECEIVED CSULB.

Schedule O (Form 990 or 990-EZ) (2014)

#### SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Part I Identification of Disregarded Entities								
(a)	(b)	(c)	(d)		(e)	(	f)	
		+		-				
							Section 5 contr	12(b)(13)
							enti	ty?
	1							

Schedule R (Form 990) 2014

95-6106694

Page

Dort 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
artiii	organizations treated as a partnership during the tax year.

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

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	(i) etion (b)(13) rolled tity?
CHARITABLE REMAINDER TRUSTS (2)		CA							X
CHARITABLE GIFT ANNUITIES (36)		CA							X

Schedule R (Form 990) 2014 Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
	During the tax year, did the organization engage in any of the following transactions									
а	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					
С	Gift, grant, or capital contribution from related organization(s)	~~~~~~~~	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1c					
d	Loans or loan guarantees to or for related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1d					
е	Loans or loan guarantees by related organization(s)	~~~~~~~	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1e					
f	Dividends from related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~	~~~~~~~~~		1f					
g Sale of assets to related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
h Purchase of assets from related organization(s) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~										
i	Exchange of assets with related organization(s)	~~~~~~~~	~~~~~~~~~~	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1i					
i	Lease of facilities, equipment, or other assets to related organization(s)	~~~~~~~~	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1i					
,	J (.)									
k	Lease of facilities, equipment, or other assets from related organization(s) $\sim \sim \sim \sim$	~~~~~~~	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1k					
1	Performance of services or membership or fundraising solicitations for related organizations	nization(s) $\sim \sim \sim \sim$	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		11					
m	Performance of services or membership or fundraising solicitations by related organ	nization(s) ~~~~	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1m					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s) ~ ~ ~ ~ ~ ~ ~	. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		1n					
0										
O	Sharing of paid employees with related organization(s)				10					
p Reimbursement paid to related organization(s) for 47, for r1ses0 -12 TD (1q)Tbursement paid to related organization(s)										
d d										
Ч					<u>1q</u>					
r					1r					
۱ د					1c					
<u>ა</u>					1 13	<u> </u>				
	(-)	(1-)	(-)	(-1)						
	(a)	(b)	(c)	(d)						
1)										
1)										
2)										
<u> </u>										
اد										
3)										
۵)										
4)										
ΈV										
သ				1						
·/\										
6)			I							

432163 08-14-14 Schedule R (Form 990) 2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Schedule R (Form 990) 2014 RESEARCH FOUNDATION	95-6106694 Page 5
Schedule R (Form 990) 2014 RESEARCH FOUNDATION  Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R (see instructions).	