



**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Form 990 (2015)

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Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ~ ~ ~ ~ ~ | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? ~ ~ ~ ~ ~ | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ~ ~ ~ ~ ~ | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ~ ~ ~ ~ ~ | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ~ ~ ~ ~ ~ | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I ~ ~ ~ ~ ~ | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ~ ~ ~ ~ ~ | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~ ~ ~ ~ ~ | X | |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ~ ~ ~ ~ ~ | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V ~ ~ ~ ~ ~ | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI ~ ~ ~ ~ ~ | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ~ ~ ~ ~ ~ | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ~ ~ ~ ~ ~ | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX ~ ~ ~ ~ ~ | X | |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~ | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~ | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ~ ~ ~ ~ ~ | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ~ ~ ~ ~ ~ | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ~ ~ ~ ~ ~ | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? ~ ~ ~ ~ ~ | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ~ ~ ~ ~ ~ | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ~ ~ ~ ~ ~ | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ~ ~ ~ ~ ~ | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I ~ ~ ~ ~ ~ | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ~ ~ ~ ~ ~ | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III ~ ~ ~ ~ ~ | | X |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|----------|----------|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~ ~ ~ ~ ~ | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~ ~ ~ ~ ~ | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~ ~ ~ ~ ~ | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III ~ ~ ~ ~ ~ | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J ~ ~ ~ ~ ~ | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a ~ ~ ~ ~ ~ | X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~ ~ ~ ~ ~ | | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~ ~ ~ ~ ~ | | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~ ~ ~ ~ ~ | | X |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ~ ~ ~ ~ ~ | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I ~ ~ ~ ~ ~ | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II ~ ~ ~ ~ ~ | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ~ ~ ~ ~ ~ | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~ | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~ | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ~ ~ ~ ~ ~ | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~ ~ ~ ~ ~ | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ~ ~ ~ ~ ~ | X | |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ~ ~ ~ ~ ~ | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II ~ ~ ~ ~ ~ | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I ~ ~ ~ ~ ~ | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 ~ ~ ~ ~ ~ | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~ ~ ~ ~ ~ | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~ | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 ~ ~ ~ ~ ~ | | X |
| 37 Did the organization conduct more than 5% of its activag or taxable entity? | | |





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Part IX Statement of Functional Expenses

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 SPONSORED PROGRAM SUB-C | | | | |
| b FURNITURE & EQUI Pfi cials | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | | | | |

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Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|---|--------------------|---------------------|--------------------|
| Assets | 1 | Cash - non-interest-bearing ~ ~ ~ ~ ~ | 10,076. | 1 | 7,250. |
| | 2 | Savings and temporary cash investments ~ ~ ~ ~ ~ | 1,382,402. | 2 | 1,626,944. |
| | 3 | Pledges and grants receivable, net ~ ~ ~ ~ ~ | 10,755,072. | 3 | 9,867,421. |
| | 4 | Accounts receivable, net ~ ~ ~ ~ ~ | 16,669,692. | 4 | 16,519,899. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ~ ~ ~ ~ ~ | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ~ ~ ~ ~ ~ | | 6 | |
| | 7 | Notes and loans receivable, net ~ ~ ~ ~ ~ | | 7 | |
| | 8 | Inventories for sale or use ~ ~ ~ ~ ~ | | 8 | |
| | 9 | Prepaid expenses and deferred charges ~ ~ ~ ~ ~ | 125,736. | 9 | 143,548. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~ ~ ~ | 51,894,206. | | |
| | 10b | Less: accumulated depreciation ~ ~ ~ ~ ~ | 14,095,034. | | |
| | 10c | | 38,953,353. | 10c | 37,799,172. |
| | 11 | Investments - publicly traded securities ~ ~ ~ ~ ~ | 30,914,334. | 11 | 29,352,818. |
| | 12 | Investments - other securities. See Part IV, line 11 ~ ~ ~ ~ ~ | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 ~ ~ ~ ~ ~ | | 13 | |
| | 14 | Intangible assets ~ ~ ~ ~ ~ | | 14 | |
| 15 | Other assets. See Part IV, line 11 ~ ~ ~ ~ ~ | 6,132,482. | 15 | 8,139,283. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 104,943,147. | 16 | 103,456,335. | |
| Liabilities | 17 | Accounts payable and accrued expenses ~ ~ ~ ~ ~ | 4,048,755. | 17 | 3,852,254. |
| | 18 | Grants payable ~ ~ ~ ~ ~ | | 18 | |
| | 19 | Deferred revenue ~ ~ ~ ~ ~ | 3,902,552. | 19 | 4,621,317. |
| | 20 | Tax-exempt bond liabilities ~ ~ ~ ~ ~ | 30,531,036. | 20 | 31,508,678. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D ~ ~ ~ ~ ~ | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ~ ~ ~ ~ ~ | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties ~ ~ ~ ~ ~ | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties ~ ~ ~ ~ ~ | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~ ~ ~ ~ ~ | 20,392,844. | 25 | 21,618,593. |
| | 26 | Total liabilities. Add lines 17 through 25 | 58,875,187. | 26 | 61,600,842. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets ~ ~ ~ ~ ~ | 4,795,226. | 27 | 4,254,000. |
| | 28 | Temporarily restricted net assets ~ ~ ~ ~ ~ | 41,272,734. | 28 | 37,601,493. |
| | 29 | Permanently restricted net assets ~ ~ ~ ~ ~ | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds ~ ~ ~ ~ ~ | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund ~ ~ ~ ~ ~ | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds ~ ~ ~ ~ ~ | | 32 | |
| 33 | Total net assets or fund balances ~ ~ ~ ~ ~ | 46,067,960. | 33 | 41,855,493. | |
| 34 | Total liabilities and net assets/fund balances | 104,943,147. | 34 | 103,456,335. | |

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(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.)

| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~ | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~ | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ~ | | | | | | |
| 4 Total. | | | | | | |
| 5 | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

| Calendar year (or fiscal year beginning in) | (a) | (b) | (c) | (d) | (e) | (f) |
|---|-----|-----|-----|-----|-----|-----|
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 | | | | | 12 | |

13 First five years. stop here

| | | |
|----|----|--|
| 14 | 14 | |
| 15 | 15 | |

16a 33 1/3% support test - 2015.
 stop here.
 b 33 1/3% support test - 2014.
 stop here.

17a 10% -facts-and-circumstances test - 2015.
stop here.

b 10% -facts-and-circumstances test - 2014.
stop here.

18 Private foundation

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

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

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6)

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~ 15 %; Row 16: Public support percentage from 2014 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) ~ ~ ~ ~ ~ 17 %; Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17 ~ ~ ~ ~ ~ 18 %

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income(subtract lines 5, 6 and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
| 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 www.irs.gov/form990.

OMB No. 1545-0047

2015

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

Organization type(check one):

- Filers of: Section:
- Form 990 or 990-EZ 501(c)(**3**) (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 any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ~~~~~ | \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2015)

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | | \$ 1,861,303. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |
| 2 | | \$ 1,063,750. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |
| 3 | | \$ 836,675. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |
| 4 | | \$ 7,175,598. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |
| 5 | | \$ 1,286,959. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |
| 6 | | \$ 837,121. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | _____ | \$ 5,845,587. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |
| 8 | _____ | \$ 2,400,722. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |
| 9 | _____ | \$ 1,223,952. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |
| 10 | _____ | \$ 716,849. | Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| _____ | _____ | \$ _____ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

| | |
|---|--|
| Name of organization CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION | Employer identification number 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 |
|------------------------------|--|--|----------------------|
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |
| | | \$ _____ | _____ |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) | \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
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| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ✘ Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- ✘ Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- ✘ Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ✘ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- ✘ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

✘ Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| | |

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ~~~~~ \$ _____
- 3 Volunteer hours ~~~~~ _____

| | |
|--|-------------|
| 1 Enter the amount of any excise tax incurred by the organization under section 4955 ~~~~~ \$ _____ | |
| 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ~~~~~ \$ _____ | |
| 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ~~~~~ | Yes No |
| 4a Was a correction made? ~~~~~ | Yes No |
| b If "Yes," describe in Part IV. | |

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ~~~~~ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ~~~~~ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ~~~~~ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ~~~~~ Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) |
|----------|-------------|---------|---|-----|
| | | | line -0- | |
| | | | | |
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CALIFORNIA STATE UNIVERSITY LONG BEACH

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 <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | |

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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a | Lobbying nontaxable amount | 1,000,000. | 1,000,000. | | 2,000,000. |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | 3,000,000. |
| c | Total lobbying expenditures | 108,000. | | | 108,000. |
| d | Grassroots nontaxable amount | 250,000. | 250,000. | | 500,000. |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | 750,000. |
| f | Grassroots lobbying expenditures | | | | |

CALIFORNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

Schedule C (Form 990 or 990-EZ) 2015

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

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

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Department of the Treasury
Internal Revenue Service

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**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Schedule D (Form 990) 2015

95-6106694 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives ~ ~ ~ ~ ~ | | |
| (2) Closely-held equity interests ~ ~ ~ ~ ~ | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|-------------------|
| (1) COLLECTION ITEMS | 5,964,491. |
| (2) UNAMORTIZED LOSS ON REFUNDING | 2,174,792. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 8,139,282 |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | (8) |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015 **95-6106694** Other

CALIFORNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

95- 6106694 Page 3

Schedule G (Form 990 or 990-EZ) 2015

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name | _____

Address | _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization | \$ _____ and the amount of gaming revenue retained by the third party | \$ _____ .

c If "Yes," enter name and address of the third party:

Name | _____

Address | _____

- 16 Gaming manager information:

Name | _____

Gaming manager compensation | \$ _____

Description of services provided | _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year | \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC

(I) ADDRESS OF FUNDRAISER:

6300 STATE UNIVERSITY DRIVE, #332, LONG BEACH, CA 90815

(I) NAME OF FUNDRAISER: QTEGO

(I) ADDRESS OF FUNDRAISER: 5636 W. 74TH STREET, INDIANAPOLIS, IN 46278

(II) ACTIVITY: SILENT LIVE AUCTION - JEWELS OF THE NIGHT FUNDRAISER

**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Schedule G (Form 990 or 990-EZ)

95- 6106694 Page 4

Part IV Supplemental Information (continued)

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

**CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ RADIO
STATION THAT IS OPERATED ON THE CSULB CAMPUS.**

**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
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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 2015- 2016.

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

Open to Public Inspection

Employer identification number

| | Yes | No |
|--|-----|----|
| 1a | | |
| b | | |
| 2 | | |
| 3 | | |
| 4 | | |
| a | | |
| b | | |
| c | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 | | |
| a | | |
| b | | |
| 6 | | |
| a | | |
| b | | |
| 7 | | |
| 8 | | |
| 9 | | |

Department of the Treasury Internal Revenue Service the Instructions for Form 990.

(No)TJ-ete gross-up payeven5uction ADiscre]TJar01-3dingaccountt Not8 60.2

**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

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Schedule J (Form 990) 2015

Page 2

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JANE CLOSE CONOLEY CHAIR | (i) | 0. | 0. | 12,000. | 0. | 0. | 12,000. | 0. |
| | (ii) | 335,381. | 0. | 3,048. | 82,881. | 9,802. | 431,112. | 0. |
| (2) DAVID DOWELL VICE CHAIR | (i) | 0. | 0. | 7,200. | 0. | 0. | 7,200. | 0. |
| | (ii) | 230,564. | 0. | 471. | 56,982. | 22,157. | 310,174. | 0. |
| (3) MARY STEPHENS TREASURER/CEO | (i) | 0. | 0. | 7,200. | 0. | 0. | 7,200. | 0. |
| | (ii) | 219,247. | 0. | 258. | 54,072. | 8,589. | 282,166. | 0. |
| (4) SIMON KIM SECRETARY | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 158,701. | 0. | 196. | 39,326. | 22,492. | 220,715. | 0. |
| (5) BRIAN NOWLIN CHIEF OPERATING OFFICER | (i) | 164,246. | 0. | 7,598. | 17,184. | 8,839. | 197,867. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) DANIEL MONSON HEAD MEN'S BASKETBALL COACH | (i) | 160,141. | 462,396. | 0. | 0. | 0. | 622,537. | 0. |
| | (ii) | 187,473. | 0. | 6,557. | 46,421. | 22,388. | 262,839. | 0. |
| (7) MODRIS TIDEMANIS ADMINISTRATOR | (i) | 155,354. | 0. | 0. | 15,535. | 16,092. | 186,981. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) ROBERT BERSI PROJECT COORDINATOR | (i) | 51,939. | 0. | 109,717. | 16,146. | 124. | 177,926. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) SANDRA SHEREMAN SR. DIRECTOR/OSRP | (i) | 132,460. | 0. | 0. | 13,246. | 8,839. | 154,545. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) JOY RUBIN CALSWEC PROJECT COORDINATOR | (i) | 117,793. | 0. | 6,804. | 12,460. | 14,677. | 151,734. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**CALIFORNIA STATE UNIVERSITY LONG BEACH
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Schedule J (Form 990) 2015

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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.**

**CALIFORNIA STATE UNIVERSITY LONG BEACH
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Schedule K (Form 990) 2015

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Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|--|-----|----------|-----|----------|-----|----------|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? | | X | | X | | X | | |

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: TRUSTEES OF THE CA. STATE UNIVERSITY

(F) DESCRIPTION OF PURPOSE: REFUND OF 2008 COLLEGE AQUISITION

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.

Name of the organization

**CALIFORNIA STATE UNIVERSITY LONG BEACH
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Employer identification number
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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 CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION | Employer identification number 95- 6106694 |
|--|--|

- **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
49ER FOUNDATION. IN ADDITION, A SIGNIFICANT PORTION OF THE**

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

Employer identification number
95-6106694

CONTRIBUTIONS RECEIVED ARE LARGE GRANTS FROM GOVERNMENT ENTITIES.

FORM 990, PART VI, LINE 14

**THE ORGANIZATION FOLLOWS A WRITTEN RECORDS RETENTION PROCEDURE THAT HAS
BEEN APPROVED BY THE BOARD.**

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----------|
| | | | | | | Yes | No |
| CALIFORNIA STATE UNIVERSITY, LONG BEACH - 93-1150363, 1250 BELLFLOWER BLVD., LONG BEACH, CA 90802 | PUBLIC UNIVERSITY | CALIFORNIA | 501(C)(3) | 170(B)(1) (A)(11) | N/A | | X |
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