						OMB No. 1545-0047
Depa	rtment of the	e Treasury Service				
	heck if					
a	heck if pplicable:					
	Address change					
	Name change					
	Initial return					
	Final					
	termin- atedActiv	les & Governance				
			-			
				Prior Year		Current Year
	8					
Revenue	9					
Rev	10					
	11				_	
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
			1			
		1				
				Che if	ck	
	F			self-	employe	ed

	CALIFORNIA STATE UNIVERSITY LONG BEACH			
_	990 (2016) RESEARCH FOUNDATION	95-6106694	Pa	<u>ge 2</u>
Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III •••••••••••••••••••••••••••••••••			
1	Briefly describe the organization's mission: SERVES THE MISSION OF THE UNIVERSITY BY SUPPORTING AND ENGAGING IN	Ν		
	RESEARCH, ENTREPRENEURSHIP, COMMUNITY SERVICE, SPONSORED PROGI			
	THE ACQUISITION OF PRIVATE RESOURCES.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Ye	_{es} X	No
	If "Yes," describe these new services on Schedule O.		V	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? ~~~~~ Ye	es X	No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services,			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total expenses,	, and	
	revenue, if any, for each program service reported. (Code:) (Expenses \$47,807,774including grants of \$4,379,066) (R			
4a	(Code:) (Expenses \$; Code; Final including grants of \$; Code;) (R	evenue \$)
		·		
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
		·		
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses	· · · · · · · · · · · · · · · · · · ·		
		Earra	990 (2016)

				_	_
				Yes	No
1					
	lf "Ye	s," complete Schedule A Schedule B, Schedule of Contributors	1		
2 3		Schedule D, Schedule of Contributors	2		
5		If "Yes," complete Schedule C, Part I	3		
4	Sectio	on 501(c)(3) organizations.			
		If "Yes," complete Schedule C, Part II	4		
5		If "Yes," complete Schedule C, Part III	_		
6			5		
Ū		If "Yes," complete Schedule D, Part I	6		
7					
•		If "Yes," complete Schedule D, Part II If "Yes," complete	7		
8	Sche	dule D, Part III	8		
9					
	lf "Ye	s," complete Schedule D, Part IV	9		
10		If "Yes," complete Schedule D, Part V	10		
11					
а	Part \	If "Yes," complete Schedule D,			
b	Parti		<u>11a</u>		
D		If "Yes," complete Schedule D, Part VII	11b		
С					
		If "Yes," complete Schedule D, Part VIII	11c		
d		If "Yes," complete Schedule D, Part IX	11d		
е		If "Yes," complete Schedule D, Part X	11e		
f					
		If "Yes," complete Schedule D, Part X	11f		
12a	Sche	lf "Yes," complete dule D, Parts XI and XII	12a		
b			120		
	lf "Ye	s," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
13		If "Yes," complete Schedule E	13		
14a b			<u>14a</u>		
5					
			14b		
15					
16			15		
10			16		
17					
			17		
18			18		
19					
			19		

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		
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	22		
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	23		
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	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		
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	25b		
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	26		
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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	27		
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<u>28a</u>		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ~~~~~~~	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
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	33		
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	34		
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	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	<u>35b</u>		
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	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38				
	Note.	38		

	990 (2016)		Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners? ••••••	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
24	filed for the calendar year ending with or within the year covered by this return ~~~~~~ 2a			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Ŭ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~~~~~~~	20		
30	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
		30		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1-		
Ŀ	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
d	If "Yes," enter the name of the foreign country: J			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~~	<u>5b</u>		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	d tizath	e payo	r?
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282? •••••••	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~~~ 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders ~~~~~~~~~~~~ 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year •••••• [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а		<u>13a</u>		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	·		
	Enter the amount of reserves on hand ~~~~~~ 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form990	(2016)
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For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No	
1a	<u>1a</u>				
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule Q.				
b	body delegated broad adtributy to an executive committee of similar committee, explain in Schedule Q.				
2					
		2			
3					
		3			
4 5		4 5			
6		6			
7a					
		7a			
b					
0	00 day a 0.4 c) 14 concerned with a low (a factor 0.0 b) 0.0 chin and by with a line 0.1 a material divise 0.1	7b	fia am	(00 at a	or,s.94s2
8 a	.00ctor,s.94s2H1esseskey tteloyH1 ham (a faan6y0b I 0 0 ship ses, busribes0b I 0 0 ship withelfyso 0 1e material diule O.)1 0 0	8a	nc em	(.00010	л,5.9452
b		8b			
9					
	If "Yes," provide the names and addresses in Schedule O	9			
	(This Section B requests information about policies not required by the Internal Revenue Code.)				
10a		10a	Yes	No	
b		10a			
-		10b			
11a		11a			
b					
12a	If "No," go to line 13	12a 12b			
b c	If "Yes," describe	120			
•	in Schedule O how this was done	12c			
13		13			
14		14			
15					
а		15a			
b		15b			
16a					
		16a			
b					
		16b			
17					
18					
	(explain in Schedule O)				
19					
20					

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Form 990 (2016) RESEARCH FOUNDATION Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

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

¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	direc					ŕ	from	from related	other
	(list any	5	æ			Highest compensated employee		the	organizations	compensation from the
	hours for related	stee	trustee		e	bens		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	al tru	nal t		loye	e com		(11 2/1033 11100)		and related
	below	Individual trustee	Institutional	Ser	Key employee	hest	Former			organizations
	line)	Indi	Insti	Officer	Key	High	For			0
(1) DR. JANE CLOSE CONOLEY	1.00									
CHAIR	44.00	X		Х				12,000.	341,051.	98,491.
(2) DR. BRIAN JERSKY	1.00									
VICE CHAIR	44.00	X		Х				3,000.	103,869.	35,189.
(3) MARY STEPHENS	1.00									
TREASURER / CEO	44.00	X		Х				7,200.	221,103.	66,587.
(4) DR. SIMON KIM	1.00									
SECRETARY	44.00	X		Х				0.	161,367.	66,833.
(5) KELLY JANOUSEK	1.00									
DIRECTOR	44.00	X						0.	116,027.	38,308.
(6) DR. LISA KLIG	1.00									
DIRECTOR (UNTIL FEB. 2017)	44.00	X						28,868.	104,664.	45,829.
(7) DR. STEPHEN MEZYK	1.00									
DIRECTOR (STARTED MARCH 2017)	44.00	X						118,482.	145,859.	47,940.
(8) JANE NETHERTON	1.00									
DIRECTOR	44.00	X						0.	0.	0.
(9) MARVIN FLORES	1.00									
DIRECTOR (UNTIL MAY 2017)	44.00	X						0.	0.	0.
(10) DANIEL GOMEZ	1.00									
DIRECTOR (SERVED JUNE 2017)	44.00	X						0.	0.	0.
(11) DR. JOSEPH PREVATIL	1.00									
DIRECTOR	44.00	X						0.	0.	0.
(12) DR. BRIAN NOWLIN	40.00									
CHIEF OPERATING OFFICER					Х			175,344.	0.	27,175.
(13) DANIEL MONSON	20.00									
HEAD MEN'S BASKETBALL COAC	25.00					Х		696,624.	195,166.	73,355.
(14) MODRIS TIDEMANIS	40.00									
ADMINISTRATOR						Х		155,248.	0.	33,324.
(15) JOY RUBIN	40.00									
CALSWEC PROJECT COORDINATO						Х		127,128.	0.	21,772.
(16) RONALD MARKS	40.00									
DIR. CENTER FOR CRIMINAL JUSTICE						Х		117,176.	0.	34,212.
(17) ARLINDA REYES	40.00									
DIR. FINANCE & REPORTING						Х		115,716.	0.	29,668.
632007 11-11-16										E_{0} (2016)

632007 11-11-16

Form 990 (2016)

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Form	990 (2016) RESEARCH F		ΟN							95-6106	694		Pa	age 8
	VII Section A. Officers, Directors, Trustee	s, Key Employ	ees	, and	d Hig	ghes	st Co	omp	ensated Employees	(continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	box, ogfic	not ch unles er an	neck i ss pei	ition more rson i irecto	than o s both r/trust	i an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MIS6		am c comp	(F) imate ount o other ensate om the	of tion
		related organizations below line)	Individual trustee or dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(₩-2/1099-1013		orga and	nizati relate	ion ed
											_			
											+			
											_			
	Sub-total ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								1,556,786.	1,389,106.	-	618	683	
c	Total from continuation sheets to Part VII, S		~~~	~~~	~~~				0.		0.	-		0.
d	Total (add lines 1b and 1c) •••••••								1,556,786.	1,389,106.		618,	683	
2	Total number of individuals (including but no compensation from the organization	ot limited to tho	se li	sted	abo	ove)	who	rec	ceived more than \$100,0	00 of reportable				13
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s									nployee on				Х
4	For any individual listed on line 1a, is the su									e organization		3		<u></u>
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com									lual for services		_		Х
Sec	ion B. Independent Contractors		5.51	51 30		pera						5		
1	Complete this table for your five highest con										satior	n from		
	the organization. Report compensation for the (A)	he calendar ye	ar e	ndin	<u>g wi</u>	ith o	r wit	hin t	<u>the organization's tax ye</u> (B)	ar.		(C	<u> </u>	
	Name and business	address	NC	ONE	-				Description of s	ervices	Cor	mpen		า
2	Total number of independent contractors (in \$100,000, of compensation from the organiz	-	t limi	ted	to th	nose (ed a	bove) who received mo	e than				

\$100.000 of compensation from the organization

632008 11-11-16

	(A)	(B)		
Total functional expenses.				
Joint costs.				
			1	

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Form 990 (2016) Part X Balance Sheet

Par	t X	Balance Sheet									
		Check if Schedule O contains a response or note	e to any	line in this Part X	••••••						
			-		(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing ~~~~~~~~~~	~~~~~	~~~~	7,250.	1	6,500.				
	2	Savings and temporary cash investments ~~~~			1,626,944.	2	1,930,868.				
	3	Pledges and grants receivable, net ~~~~~~~			9,867,421.	3	8,149,509.				
	4	Accounts receivable, net			16,519,899.	4	16,540,348.				
	5	Loans and other receivables from current and for									
	-	trustees, key employees, and highest compensation									
		Part II of Schedule L				5					
	6	Loans and other receivables from other disqualifi									
	Ű	section 4958(f)(1)), persons described in section									
		employers and sponsoring organizations of secti									
s		employees' beneficiary organizations (see instr).				6					
Assets	7	Notes and loans receivable, net ~~~~~~~~~				7					
As	8	Inventories for sale or use ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				8					
	9	Prepaid expenses and deferred charges ~~~~~			143,548.	9	99,667.				
	10a										
		basis. Complete Part VI of Schedule D ~~~	10a	51,771,444.							
	b		10b	15,117,905.	37,799,172.	10c	36,653,539.				
	11	Investments - publicly traded securities ~~~~~	29,352,818.	11	29,169,098.						
	12	Investments - other securities. See Part IV, line 1		12							
	13	Investments - program-related. See Part IV, line		13							
	14	Intangible assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		14							
	15	Other assets. See Part IV, line 11 ~~~~~~~~		8,139,283.	15	8,349,398.					
	16	Total assets. Add lines 1 through 15 (must equa			103,456,335.	16	100,898,927.				
	17	Accounts payable and accrued expenses ~~~~			3,852,254.	17	4,861,357.				
	18	Grants payable ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		18							
	19	Deferred revenue ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			4,621,317.	19	5,012,051.				
	20	Tax-exempt bond liabilities ~~~~~~~~~~			31,508,678.	20	30,224,609.				
	21	Escrow or custodial account liability. Complete P	art IV o	f Schedule D ~~~~		21					
s	22	Loans and other payables to current and former	officers	, directors, trustees,							
litie		key employees, highest compensated employees	s, and c	lisqualified persons.							
Liabilities		Complete Part II of Schedule L ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	~~~~~		22					
	23	Secured mortgages and notes payable to unrelate	ted third	parties ~~~~~		23					
	24	Unsecured notes and loans payable to unrelated	l third pa	arties ~~~~~~		24					
	25	Other liabilities (including federal income tax, pay	ables t	o related third							
		parties, and other liabilities not included on lines	17-24).	Complete Part X of							
		Schedule D ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	-	21,618,593.	25	22,136,196.				
	26	Total liabilities. Add lines 17 through 25			61,600,842.	26	62,234,213.				
		Organizations that follow SFAS 117 (ASC 958), o	check h	ere X and							
ŝ		complete lines 27 through 29, and lines 33 and 3	84.		4 05 4 000		0.005.007				
nce	27	Unrestricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			4,254,000.	27	2,365,307.				
sala	28	Temporarily restricted net assets ~~~~~~~			37,601,493.	28	36,299,407.				
Б	29	Permanently restricted net assets ~~~~~~~				29					
Fur		Organizations that do not follow SFAS 117 (ASC	958), c	heck here							
o		and complete lines 30 through 34.									
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30						
Ast	31	Paid-in or capital surplus, or land, building, or eq				31					
Net	32	Retained earnings, endowment, accumulated inc			41,855,493.	32	38,664,714.				
_	33	Total net assets or fund balances ~~~~~~~~~			103,456,335.	33	100,898,927.				
	34	Total liabilities and net assets/fund balances ••	••••••	••••	100,400,000.	34	T00,090,927.				

Form 990 (2016)

Form	990	(2016)	

Page

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	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~~~~	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8	
9	Other changes in net assets or fund balances (explain in Schedule O) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
		10	

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

_				
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a		2a		
b		2b		
U		20		
С		0-		
		<u>2c</u>		
_				
3a				
		3a		
b				1
		3b		

	(Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							OMB No. 1545-0047	
Departme Internal R	ent of the Treasury evenue Service	Informati		Attach to Form 990 or For (Form 990 or 990-EZ) and					Open to Public Inspection
Name o	of the organization							Employer	identification number
1					section	n 170(b)(1)(A)(i).		
2		secti	ion 170(b)(1)(A)(ii).						
3 4				S	ection 170		i). n 170(b)(1)(A)	(iii).	
·								()	
5		->/4>(A>/:->							
6	section 170(b	D)(1)(A)(IV).			section 17	0(b)(1)(A)	(v).		
7							. ,		
8	section 170(b)(1)(A)(vi).	section 170(b)	(1)(A)();i)					
9			Section 170(b)	section 170(b)(1)(A)(ix)				
10									
	agation F	00(0)(2)							
11	section 5	09(a)(z).			:	section 50	9(a)(4).		
12									
				section 509(a)(1)	section 5	509(a)(2)	section 5	09(a)(3).	
а	Type I.								
		Manager							
b	Type II.	You must co	omplete Part IV, Se	Ctions A and B.					
с	Type III fun		t complete Part IV, rated.1111b)(1)(A)(
U	rype in fun			<i>.</i>					
d									
е									
f									
				.			-		
	(i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o in your gove	rganization lis rning docume	nt? Amount of support (see ir	f monetary	(vi) Amount of other support (see instructions)
	- 9			above (see instructions))					
-									



5a

b

С 6

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9a

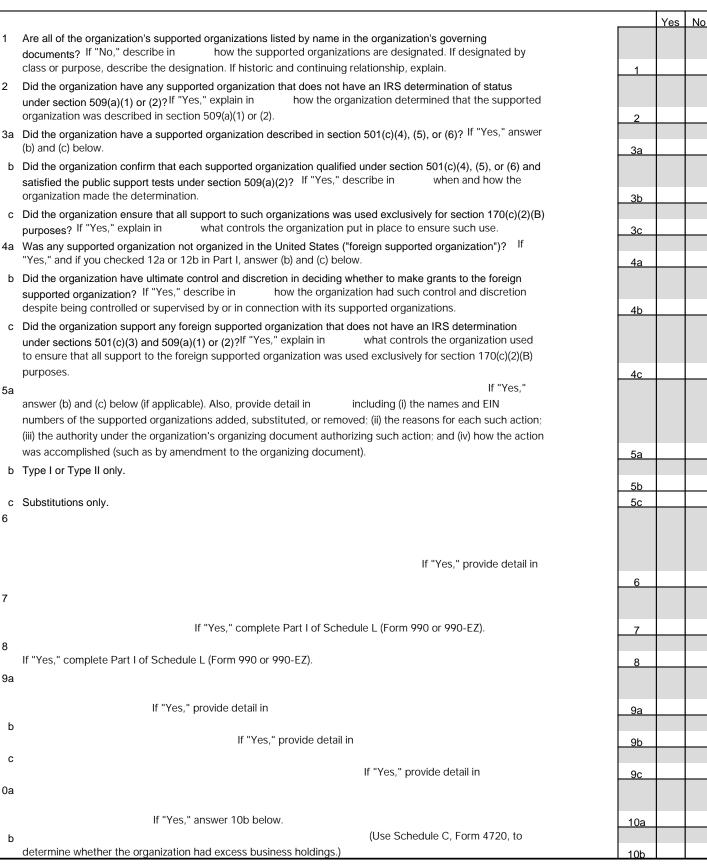
b

С

10a

b

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)



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Ŀ	2	a	
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a	3	a	
b			
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Schedule A (Form 990 or 990-EZ) 2016 Page 6 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 _1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 5 Depreciation and depletion 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1b b Average monthly cash balances 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 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 7 _7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year _1 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 2 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) _4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

CALIFORNIA STATE UNIVERSITY LONG BEACH

05 6406604

<u>Schedule A</u>	(Form 990 or 990-EZ) 2016 RESEARCH FOUNDATION	95-6106694 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this p	; Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	
32028 09-21-	16	Schedule A (Form 990 or 990-EZ) 2016
	20	· · · · · · · · · · · · · · · · · · ·

10571113 794084 01292 2016.05000 CALIFORNIA STATE UNIVERSITY 01292__1

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Page

			- [
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) <u>Total contributions</u>	(d) Type of contribution Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll Noncash
(a) 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person Payroll
(a) 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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 addition	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution 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
8		\$2,486,100.	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
9		\$1,073,953	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

23

623452 10-18-16

10571113 794084 01292 2016.05000 CALIFORNIA STATE UNIVERSITY 01292__1

	3 (Form 990, 990-EZ, or 990-PF) (2016) rganization		Page C Employer identification number
CALIFO	RNIA STATE UNIVERSITY LONG BEACH		95-6106694
Part II	Noncash Property (See instructions). Use duplicate copies of Par	rt II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
623453 10-18	3-16	Schedule	B (Form 990, 990-EZ, or 990-PF) (2

24 2016.05000 CALIFORNIA STATE UNIVERSITY 01292_1 10571113 794084 01292

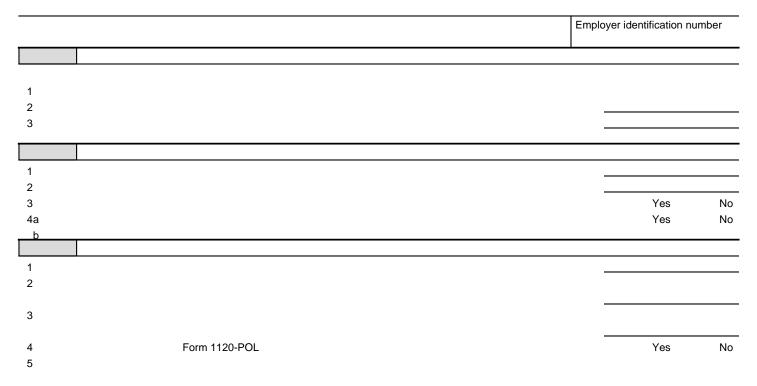
Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of org	ganization				Employer identification number
	religious, charitable, etc., con the year from any one contributor. completing Part III, enter the total of exclusively religious	tributions to organization (a) (e) ar s, charitable, etc., contributions of	ns described in s nd of \$1,000 or less for th	ection 501(c)(7), (For organizatio e year. (Enter this info.	8), or (10) that total more than \$1,000 fo ns once.)
Γ					
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			1		

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

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

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



(a)	(b)	(c)	(d)	(e)

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

For Tj 1 0 0 1Voluue 1(hour0 or 9paign Acticities),a

A Check	if the filing organization belong expenses, and share of excess	s to an affiliated group (and list in Part IV each affiliated s lobbying expenditures).	group member's nam	e, address, EIN,
B Check	if the filing organization checke	ed box A and "limited control" provisions apply.		-
	Limits on Lobby (The term "expenditures" mea	ing Expenditures ns amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobb	ying expenditures to influence public	c opinion (grass roots lobbying) ~~~~~~~~		
b Total lobb	ying expenditures to influence a leg	slative body (direct lobbying) ~~~~~~~~~		
c Total lobb	ying expenditures (add lines 1a and	1b) ~~~~~		
d Other exe	empt purpose expenditures ~~~~~	~~~~~		
e Total exer	mpt purpose expenditures (add lines	1c and 1d) ~~~~~~~~~~~~~~		
f Lobbying	nontaxable amount. Enter the amou	nt from the following table in both columns.		
If the amo	ount 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	0.000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,5	00,000 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 Grassroot	ts nontaxable amount (enter 25% of	c24t,j 1 0 0 1 58.10 588.1 \$1,500,000.		
h				
i				

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
	(a)	(b)	(c)	(d)	(e)			
_ <u>2a</u>								
b								
C								
d								
e								
f								

Schedule C (Form 990 or 990-EZ) 2016

j

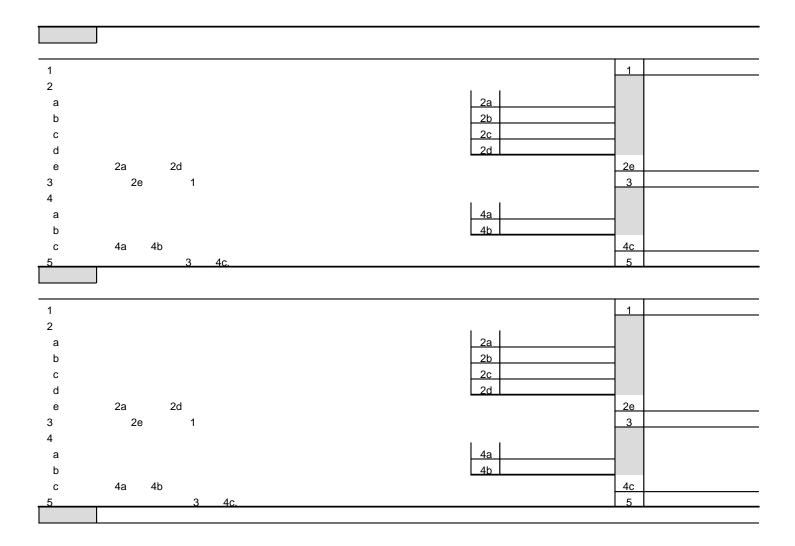
		(a)		(b)	
		Yes	No	Amo	ount
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				Yes	
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	HEDUH2Ft descureas Ot468.50 71.90 Tm (\$) Tj1 0 0 1 468.50 Complete if the organization answered "Yes" on Form 98	00 ht ute 90.	scureas	010 ^{0MB NO 15450}	^{™#} SiF
	n 990) Complete if the organization answered "Yes" on Form 99 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a Attach to Form 990.			Open to Pu	blic
Interna	I Revenue Service Information about Schedule D (Form 990) and its instructions is at	www.irs.gov		Inspection	
Name	e of the organization		Employe	r identification nur	nber
Par	t I Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Acco	unts.	Complete if the	
	organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor advised funds		(b) Funds a	nd other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year) ~~~~				
3	Aggregate value of grants from (during year) ~~~~~				
4	Aggregate value at end of year ~~~~~~				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor			X	
~	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 of for abaritable purposes and pat for the basefit of the depart of depart of depart of the purpose.		-		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other pu impermissible private benefit?	irpose comer	nng	Yes	No
Par		m 990 Part I	V line 7	1.65	<u>INO</u>
1	Purpose(s) of conservation easements held by the organization (check all that apply).	<u>in 660, i art i</u>	v, into 7.		
'	Preservation of land for public use (e.g., recreation or education) Preservation	of a historica	llv important l	land area	
	Protection of natural habitat Preservation				
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e form of a co	onservation e	asement on the la	st
	day of the tax year.			d at the End of the	
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	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated	d by the orga	nization durin	ng the tax	
	year				
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	ling of			
	violations, and enforcement of the conservation easements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conservatio	on easements	s during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation ea	asements dur	ring the year	
_	\$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	ion 170(h)(4)	(B)(i)		
•	and section 170(h)(4)(B)(ii)?~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			Yes	No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e				
	include, if applicable, the text of the footnote to the organization's financial statements that deso conservation easements.	cribes the org	anizations a	ccounting for	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or C	Other Simil	ar Assets		
<u> a</u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue	e statement a	and balance s	sheet works of art.	
	historical treasures, or other similar assets held for public exhibition, education, or research in f				
	the text of the footnote to its financial statements that describes these items.				,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue sta	atement and	balance shee	et works of art, hist	orical
	treasures, or other similar assets held for public exhibition, education, or research in furtheranc				
	relating to these items:	-		5	
	(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		\$		
	(ii) Assets included in Form 990, Part X ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		\$		
2	If the organization received or held works of art, historical treasures, or other similar assets for	financial gain			
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	ns:			
а	Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		\$		
b	Assets included in Form 990. Part X •••••••		\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Sche	edule D (Form 990	0) 2016

	<u> </u>
	1





CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

95-6106694 Page 5

Schedule D (Form 990) 2016 RESEARCH FC Part XIII Supplemental Information (continued)

MARKET VALUE OF DONATED COLLECTION ITEMS WAS APPROXIMATELY \$353,000 AND

\$42,000 FOR THE YEARS ENDED JUNE 30, 2017 AND 2016, RESPECTIVELY.

Schedule D (Form 990) 2016

632055 08-29-16

SCHEDULE G			_					OMB No. 1545-0047	
(Form 990 or 990-EZ)		ntal Information Regardin organization answered "Yes" o	-	-	-			2016	
Department of the Treasury Internal Revenue Service		organization entered more than Attach to Form 9	90 or Fo	rm 990-E	Z.			Open to Public	
Name of the organization	n CALey-RNI	about Schedule G (Form 990 or 99 IA STATE UNIVERSITY I H FOUNDATION	20-EZ) and LONG I	d its instru BEACH	ictions is at www.iis.g	Empl	oyer ider	ntification number	
	complete this part		answered	163 01	11 0m 990, 1 art 10, 1		11 990-L2		
a Mail solicitat	ions		olicitation	of non-g	overnment grants				
b Internet and c X Phone solicit	email solicitations tations		plicitation		nment grants events				
d In-person so	licitations	0,		0					
key employees list	ed in Form 990, P highest paid indiv	or oral agreement with any indiv Part VII) or entity in connection v riduals or entities (fundraisers) p organization.	vith profe	ssional fu	undraising services?	·	X _{Yes} er is to be	110	
(i) Name and addres or entity (fund		(ii) Activity	ha	(iii) Did undraiser ve custody control of ntributions?	(iv) Gross receipts from activity	(v) Amou to (or reta fundra listed in	ined by) liser	(vi) Amount paid to (or retained by) organization	
KKJZ FUNDRAISING,		FUNDRAISING - KJAZZ RAD	DIO Ye	es No	1 100 000		05 000	1 107 000	
STATE UNIVERSITY D QTEGO - 5636 W 74		STATION SILENT LIVE AUCTION -		<u> </u>	1, 162, 680.		25,000.	1, 137, 680.	
INDIANAPOLIS, IN		JEWELS OF THE NIGHT		X	167, 104.		7, 500.	159, 604.	
				_					
Total •••••	•••••				1, 329, 784.		32, 500.	1, 297, 284.	
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to so	olicit contr	ributions	or has been notified	t is exempt	from reg	istration	

CA,CT,DC,ĞA,HI,KY,LA,MI,MO,NH,NJ,NC,ND,RI,SC,TN,VA,WV,DE,FL,ID,IA,MT,NE,NV SD,TX,VT,WY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2016

632081 09-12-16

CALIFORNIA STATE UNIVERSITY LONG BEACH Schedule G (Form 990 or 990-EZ) 2016 RESEARCH FOUNDATION 95-6106694 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events HOSP MNGT & JEWELS OF (add col. (a) through GOLF TOURNAM THE NIGHT 3 col. (c)) (event type) (event type) (total number) Revenue 100,693. 196,342. 133,026. 430,061. Gross receipts ~~~~~~~~~ 1 39,896. 79,641. 29,238. 10,507. 2 Less: Contributions ~~~~~~~ 60,797. 167,104. 122,519. 350,420. Gross income (line 1 minus line 2) •••• Cash prizes ~~~~~~~~~ 4 Noncash prizes ~~~~~~~ 5 Expenses 12,310. 23,441. 800. 36,551. 6 Rent/facility costs ~~~~~~~~ 52,796. 71,493. Direct 18,697. Food and beverages ~~~~~~~ 7 Entertainment ~~~~~~ 8 34,001. 44,653. 33,309. 111,963. 9 Other direct expenses ~~~~~~~ 220,007. 10 Direct expense summary. Add lines 4 through 9 in column (d) ~~~~~ 1 130,413. Net income summary. Subtract line 10 from line 3. column (d) •••••• Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive binge col. (a) through col. (c)) Gross revenue •••••• 2 Cash prizes ~~~~~~~~~ Expenses Noncash prizes ~~~~~~~~ 3 Direct 4 Other direct expenses •••••• 5 % % % Yes Yes Yes_ 6 Volunteer labor ~~~~~~~~ No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ~~~~~ Ι Net gaming income summary. Subtract line 7 from line 1. column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Yes No b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ~~~~~~ Yes No b If "Yes," explain: _ Schedule G (Form 990 or 990-EZ) 2016 632082 09-12-16

12 Yes No 13 13 13 13 13 13 13 10 10 10 10 10 10 10 10 10 10 10 10 10	Schedu	ule G (Fo	rm 990 or 990-EZ) 2016		Page 3
13 13a 14 13a 15a Yes 15a Yes b	11			Yes	No
13 134 14 134 15 Yes b c	12			Yes	No
b 13b 14	13				
15a Yes No b c 16 17 a b Yes No					
b	14				
b					
b					
b				 	
c	15a			Yes	No
c	b				
16 					
17 a b	С				
17 a b					
17 a b					
17 a b	4.0				
a Yes No	16				
a Yes No					
a Yes No					
a Yes No					
a Yes No	_				
a Yes No	-				
a Yes No					
a Yes No	17				
b					
	h			Yes	No
Supplemental Information.		_			
		s	upplemental Information.		

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

CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ RADIO

STATION THAT IS OPERATED ON THE CSULB CAMPUS.

Schedule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)		G	Frants and Oth	er Assistan	ce to Orgar	nizations,E Fc	ormrants and (Dther Assister To The Test State of the Test St
		Comple	ete if the organization a	answered "Yes" on	Form 990, Part IV	', line 21 or 22.		
Department of the Treasury Internal Revenue Service		Information	about Schedule I (For	Attach to Form ! m 990) and its inst		www.irs.gov/form99	0.	Open to Public Inspection
Name of the organizat	tion		· ·	,				Employer identification number
Part I General Ir	nformation on Grants and	d Assistance						· · · · · · · · · · · · · · · · · · ·
criteria used to a	ization maintain records t award the grants or assis t IV the organization's pro	tance? ~~~~~~	oring the use of grant f	unds in the United	States.	~~~~~		Yes No
	nd Other Assistance to Do	-				anization answered "Y	es" on Form 990, Par	TV, line 21, for any
1 (a) Name and a	ddress of organization	(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 noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb	ber of section 501(c)(3) a	nd government or	Anizations listed in the	line 1 table ~~~				<u>I</u>

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

95-6106694

Page 2

Schedule | (Form 990) (2016) Part III Grants and Other Ass

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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SCHOLARSHIP RECIPIENTS APPLY FOR CSULB SCHOLARSHIPS BASED ON VARIOUS

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

ARE PAID BY CSULB DIRECTLY TO STUDENTS AND RESEARCH FOUNDATION REIMBURSES

CSULB. CSULB DEPARTMENTS IN CONCERT WITH FINANCIAL AID DETERMINE STUDENTS

ELIGIBILITY AND MONITOR FUND USAGE TO ENSURE THEY ARE APPLIED FOR ACADEMIC

PURPOSES. THERE ARE NO RESEARCH FELLOWSHIP GRANT PAYMENTS IN FY 2016-17.

			OMB No.	1545-004	47
	For certain Officers, Directors, Trustees, Key Employees, and Highest				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		0	Dukli	_
	Internation about Schedule J (Form 990) and its instructions is at		Open to Inspe		С
-		ployer ident			ber
_	-				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			103	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal u				
	Travel for companions Payments for business use of personal reside	nce			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as, maid, chauffeur, c	hef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~~~~	-~~	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	~~	2		
2	Indicate which if any of the following the filing organization used to establish the componentian of the organization's				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations Approval by the board or compensation comm	ittee			
4	During the year did any person listed on Form 000, Part VII, Section A, line 1a, with respect to the filing				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		
b			4b		
С			4c		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5					
а			<u>5a</u>		
b			5b		
6					
0					
а			6a		
b			6b		
7			-		
8			7		
0			8		
9					
			9		

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

Schedule J (Form 990) 2016

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Schedule J (Form 990) 2016

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 aren't 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.

	(B) Breakdown of	W-2 and/or 1099-MI	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DR. P3unb5F172 8.00 Tf1 0 048 0 (0)	OLEYTF1 0 0 1 1	76.90 578.50 Tr	n 284SEAR. 06 58	4o80 801i0y 5726	. 90 578. 50 Tm LII	FORNIA ST8 0 ONOL	EYTF1 0 0 1 176.90 578
(ii)							
(i)							
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(i)							<u> </u>
(ii)							<u> </u>
(i)							<u> </u>
(ii)		1					

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Schedule J (Form 990) 2016

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.

Schedule J (Form 990) 2016

								-	OMB No	<u>. 1545-00</u>)47
										<u> </u>	
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Part III Private Business Use	•					•	
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				1	1		

Department of the Treasury Internal Revenue Service	Attach to Form 990.	nizations answered "Ye chedule M (Form 990) a		DMB No. 1545-0047 Deen To Public Inspection 0.0 g 223.70 407.02 352.80

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

95-6106694

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):

Schedule M (Form 990) (2016)

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) (2016)

632142 08-23-16

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. Stormation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 CALIFORNIA STATE UNIVERSITY LONG BEACH



Employer identification number 95-6106694

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

RESEARCH FOUNDATION

CONTRIBUTIONS RECEIVED ARE LARGE GRANTS FROM GOVERNMENT ENTITIES.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632211 08-25-16 48 Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

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

- 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

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

	CALIFORNIA STATE UNIVERSI RESEARCH FOUNDATION	ITY LONG BEAC	H	Employer identification number 95-6106694
INCORPORATION, BY	-LAWS, AND FORM 990 ARE A	VAILABLE FOR	PUBLIC INSPECTIC	DN
UPON REQUEST AT O	OUR MAIN OFFICE.			
FORM 990, PART VI, L	LINE 14			
THE ORGANIZATION	FOLLOWS A WRITTEN RECOR	RDS RETENTION	PROCEDURE THA	T HAS
BEEN APPROVED BY	THE BOARD.			
FORM 990, PART IX, L	LINE 11G, OTHER FEES:			
CONTRACTUAL SER	/ICES:			
PROGRAM SERVICE	EXPENSES	2,109,525.		
MANAGEMENT AND	GENERAL EXPENSES	1,805	i,298.	
FUNDRAISING EXPEN	NSES	0.		
TOTAL EXPENSES	3,9	14,823.		
CAPITAL CONSTRUC	TION CONTRACT:			
PROGRAM SERVICE	EXPENSES	417,868.		
MANAGEMENT AND	GENERAL EXPENSES	1,531	,664.	
FUNDRAISING EXPEN	NSES	0.		
TOTAL EXPENSES	1,9	49,532.		
TOTAL OTHER FEES	ON FORM 990, PART IX, LINE	11G, COL A	5,864,355.	
FORM 990, PART XI, L	LINE 9, CHANGES IN NET ASSI	ETS:		
TRANSFER OF NET P	POSITION TO CSULB 49ER FOU	JNDATION	-1,365,743.	
FORM 990, PART XI, L	LINE9			
THE 49ER FOUNDATI	ON BEGAN OPERATIONS JUL	Y 1, 2012 WITH T	THE PURPOSE TO	
PROMOTE PHILANTH	IROPY AND MANAGE THE RES	SOURCES PREV	IOUSLY DONATED	TO THE
632212 08-25-16		50	Sched	lule O (Form 990 or 990-EZ) (2016)

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2016.05000 CALIFORNIA STATE UNIVERSITY 01292__1 10571113 794084 01292

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule O (Form 990 or 99	90-EZ) (2016)	Page 2
Name of the organization	CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number 95-6106694
RESEARCH FOUNDA	TION BUT DESIGNATED FOR UNIVERSITY-RELATED USES. ASS	ETS
RELATING TO ENDO	WMENTS, SCHOLARSHIPS, AND CERTAIN PLEDGES WERE	
TRANSFERRED FRO	M THE RESEARCH FOUNDATION TO THE 49ER FOUNDATION A	ГТНЕ
INCEPTION OF OPER	RATIONS. SOME ASSETS RELATED TO CAMPUS PROGRAM	
DONATIONS WERE F	RETAINED IN THE RESEARCH FOUNDATION UNTIL SPECIFIED	
OBLIGATIONS WERE	SATISFIED. ONCE THE SPECIFIED OBLIGATIONS ARE	
SATISFIED, THE ASS	ETS ARE TRANSFERRED TO THE 49ER FOUNDATION IN THE	
YEAR THE OBLIGATI	ON IS SATISFIED. IN ADDITION, THE RESEARCH FOUNDATION	
ADMINISTERED SEV	ERAL PHILANTHROPIC EVENTS ON BEHALF OF THE 49ER	
FOUNDATION DURIN	IG THE YEAR. THE PURPOSE OF THOSE EVENTS WERE TO	
GENERATE DONATIO	ONS DESIGNATED FOR UNIVERSITY-RELATED USES. THE PROC	CEEDS
NET OF ANY ASSOC	IATED EXPENSES ARE TRANSFERRED TO THE 49ER FOUNDATI	ON
AFTER THE EVENT. I	DURING THE YEAR ENDED JUNE 30, 2017, THE RESEARCH	
FOUNDATION TRANS	SFERRED \$1,365,743 OF CASH RELATED TO OBLIGATIONS	
SATISFIED AND NET	PROCEEDS FROM PHILANTHROPIC EVENTS TO THE 49ER	
FOUNDATION.		

Schedule O (Form 990 or 990-EZ) (2016)

1	1		

Schedule R (Form 990) 2016

Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related Part III (d) (f) (k) (a) (b) (c) (e) (g) (h) (i) (j) Legal domicile Predominant income (related, unrelated, excluded from tax under sections 512-514) Name, address, and EIN of related organization Primary activity Direct controlling Share of total General or Disproportionate managing entity (state or allocations? partner? foreign country) Yes No Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust.

(a)	(b)	(C) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g)	(h)	(i Sect 512(b contro entit	i) tion b)(13) rolled ity?
		country)						Yes	No
]								
	1								

Schedule R (Form 990) 2016

Page 2

Part V Transactions With Related Organizations. Complete if the organization and	swered "Yes" on Form	n 990, Part IV, line 34, 35b,	, or 36.			-
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transaction a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit				10		
 b Gift, grant, or capital contribution to related organization(s) 	y ~~~~~~~~~~~~		~~~~~~~~	<u>1a</u> 1b		
c Gift, grant, or capital contribution from related organization(s)				1 <u>c</u>		
d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e		
f				1f		
g				1g		
h				<u>1h</u>		
				<u>1i</u>		
				1j		
k				1k		
				11		
m				1m		
n				1n		
0				10		
р				1p		
q				<u>1q</u>		
				1 -		
l s				<u>1r</u> 1s		
2		-		1 13	1 1	
(a)	(b)	(c)	(d)			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Schedule R (Form 990) 2016

Page 3

CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule R (Form 990) 2016 RESEARCH FOUNDATION

95-6106694

Page 4

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) Legal domicile (state or foreign country)	(d) Predominant income	(e Are partne 501(er ^{org} Yes	e) e all ers se c)(3) s.? No	(f) .c. Share of total income	(g) Share of end-of-year assets	(† Disp tiol <u>alloc</u> Yes	n) ropor nate ations No	(i) Code V-UBI amount in box 2 of Schedule K- (Form 1065)	(j) Genera 2managi 1 partner Yes N	(k) Percentage ownership o

Schedule R (Form 990) 2016

Da	20	5	

CALIFORNIA STATE UNIVERSITY LONG BEACH **RESEARCH FOUNDATION** Schedule R (Form 990) 2016 Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions. 632165 09-06-16

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