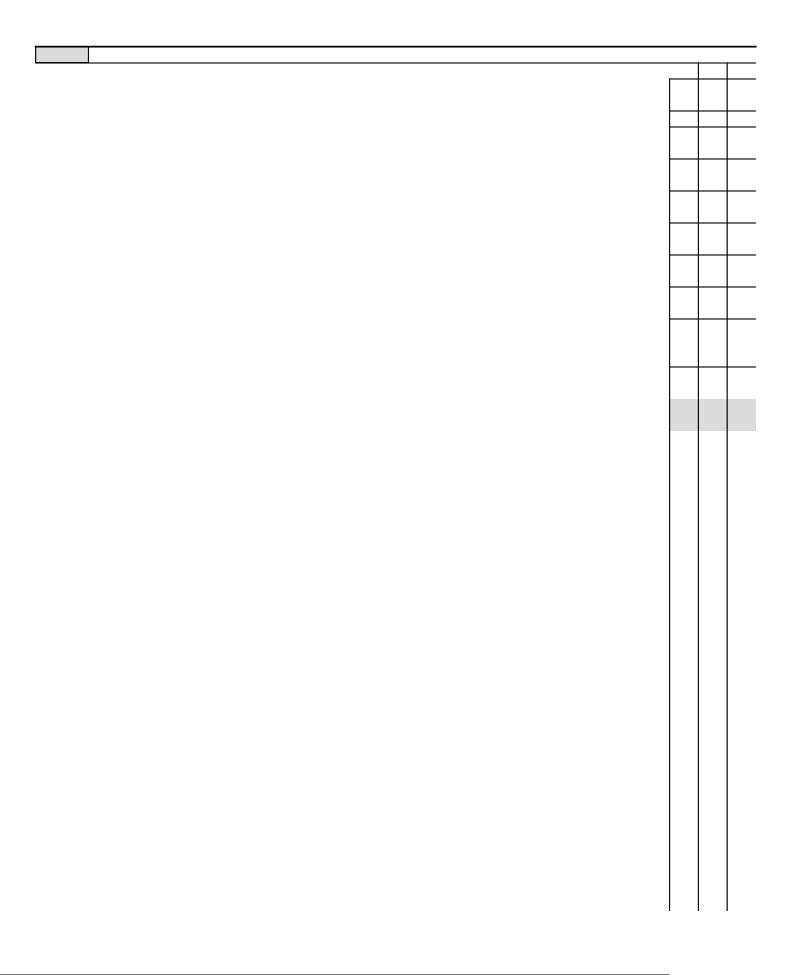
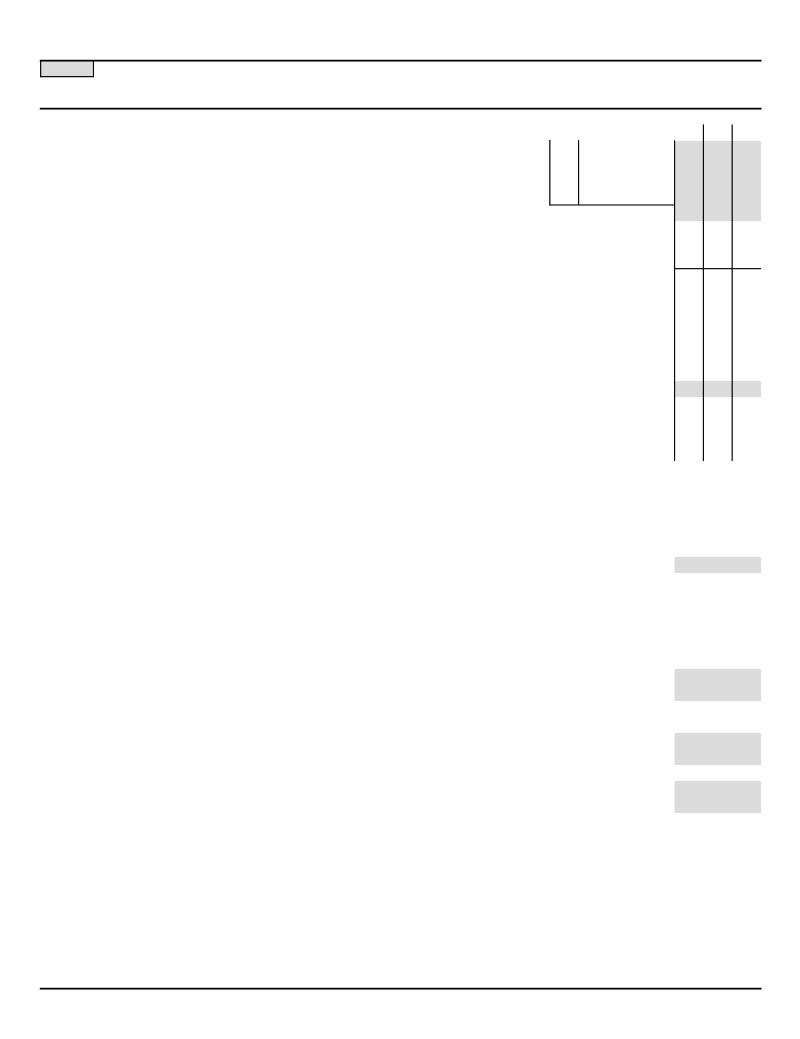
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Form	990 (2017)			Page
	Check if Schedule O contains a	response or note to any line in this Part III •••••	••••••	
1	Briefly describe the organization's mis	sion:		
2	Did the organization undertake any sig	gnificant program services during the year which	wore not listed on the	
2	Did the organization didertake any sig	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Were not listed on the	No
			~~~~ Yes	No
•	If "Yes," describe these new services			
3		g, or make significant changes in how it conducts	s, any program services? ~~~~~ Yes	No
	If "Yes," describe these changes on S			
4	Describe the organization's program s	ervice accomplishments for each of its three larg	gest program services, as measured by expenses.	
4a	Code: Expenses \$	including grants of \$	Revenue \$	
4b	Code: Expenses \$	including grants of \$	Revenue \$	
4c	Code: Expenses \$	including grants of \$	Revenue \$	
4d				
		including grants of \$	Revenue \$	
<u>4e</u>				



	(continued)			
•			Yes	No
20a	If "Yes," complete Schedule H	20a		<u> </u>
b		20b		
21	If "Yes," complete Schedule I, Parts I and II			
22	ii Tes, Complete Schedule I, Falts Faltu II	21		$\vdash$
22	If "Yes," complete Schedule I, Parts I and III	22		
23				
	If "Yes," complete			
	Schedule J	23		
24a				
	W DV			
<b>*</b>	If "Yes,n go 3fte	24a		<u> </u>
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.	<u>u</u>		
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35a		35a		<del>                                     </del>
b		35b		
36	Section 501(c)(3) organizations.	330		
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	Note.	38		



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hours for related with the companies of										(E)			(F)	
Doubt pit   Substitute   Subs	Name and title	Average	(do	not cl	Pos	ition	than	one	Reportable	Reportable		Est	imate	d
Complete Schedule   for such individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from any unrelated organization and relieved organization and relieved organizations.   Complete Schedule   for such individual   for services   Compensation from the organization from the organization from the organization from the organization is the stable for your five highest compensation from any unrelated organization from the organiz			box	, unles	ss pei	rson i	is both	n an			I			of
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d Total (add lines 1b and 1c)										1,072,234.		731	,072.	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization			~~~	~~~	~~~			!		1 672 234		731	672	
compensation from the organization   11    Section B. Independent Contractors   12   15   16   16   16   16   16   16   16	•			:-4								701	,012.	
Yes   No   No   Iline 1a? If "Yes," complete Schedule J for such individual   Yes," complete Schedule J for such individual   Yes, "complete Schedule J for such individual   Yes," complete Schedule J for such individual   Yes,   Yes	, , ,	not limited to the	ose i	istec	abo	ove)	wnc	rec	ceived more than \$100,0	ou of reportable				11
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	Compensation from the organization												Yes	No
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										. ,	L	3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	4 For any individual listed on line 1a, is the	sum of reportable	е со	mpe	nsa	tion	and	oth	er compensation from th	ne organization				
rendered to the organization? If "Yes," complete Schedule J for such person	and related organizations greater than \$1	50,000? If "Yes	," co	mple	ete S	Sche	edule	Jf	or such individual ~~~~	~~~~~	_ <u> </u>	4	<u> </u>	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.										dual for services				V
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	•	mpiete Schedul	e J to	or su	icn p	oers	on •	••••	••••••			5		
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		omponented ind	onor	ndon	+ 00	ntro	otoro	, the	at received more than \$	100 000 of compo	nantior	o from		
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100.000 of compensation											iisalioi	111011		
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100.000 of compensation from the organization		r trio odioridar y	<del>Jui U</del>		9 111							(C	)	
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Form 990 (2017)

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				(A)	(B)	(C)	(D) Revenue excluded from tax under sections 512 - 514	l
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total.						
Program Service Revenue	2 a b c d e f	Busines	ss Code					
	b d	a b Busines	ss Code					

Part IX Statement of Functional Expenses

-000	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon				,
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organization		4.000.440		
	and domestic governments. See Part IV, line-21	4,862,118.	4,862,118.		
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,	387,294.		387,294.	
_	trustees, and key employees ~~~~~~			307,234.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)-~	18,780,236.	18,780,236.		
7	Other salaries and wages ~~~~~~	10,700,200.	10,700,200.		
8	Pension plan accruals and contributions (include	615,842.	615,842.		
n	section 401(k) and 403(b) employer contributions	5,217,075.	5,217,075.	+	
9	Other employee benefits ~~~~~~	0,211,070.	0,211,0101		
0	Payroll taxes ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
1	Management ~~~~~~~~~				
a b	Legal				
	Accounting ~~~~~~~~				
c d	Lobbying ~~~~~~~~				
e	Professional fundraising services. See Part IV, lir	e 17 25,000.			25,000.
f	Investment management fees ~~~~~~	100,720.		100,720.	•
g	Other. (If line 11g amount exceeds 10% of line 2	5.			
9	column (A) amount, list line 11g expenses on Sci	, 5,009,582.	2,472,293.	2,537,289.	
2	Advertising and promotion ~~~~~~	43,411.	43,411.		
3	Office expenses~~~~~~~~~	1,732,726.	1,732,726.		
4	Information technology ~~~~~~~	296,822.	296,822.		
5	Royalties ~~~~~~~~~				
6	Occupancy ~~~~~~~~	778,731.	778,731.		
7	Travel ~~~~~~~~~~	1,571,555.	1,571,555.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings ~~	214,467.	214,467.		
0	Interest ~~~~~~~	1,156,488.	1,156,488.		
1	Payments to affiliates ~~~~~~~~				
2	Depreciation, depletion, and amortization ~~	1,127,447.	1,127,447.		
3	Insurance ~~~~~~~~	260,052.	260,052.		
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. 24e amount exceeds 10% of line 25, column (A)	If line			
_	amount, list line 24e expenses on Schedule O.) SPONSORED PROGRAM SUB-C	4,355,708.	4,355,708.		
a b	FURNITURE & EQUIPMENT	1,350,608.	1,350,608.		
С	HOSPITALITY	329,757.	329,757.		
d	DUES & SUBSCRIPTIONS	93,942.	93,942.		
e	All other expenses	1,468,833.	1,468,833.		
5 5	Total functional expenses Add lines 1 through 24e	49,778,414.	46,728,111.	3,025,303.	25,000.
<u>5</u> 6	Joint costs.Complete this line only if the organiza			' '	· -
J	reported in column (B) joint costs from a combine				
	educational campaign and fundraising solicitation				
	Check here   if following SOP 98-2 (ASC 958-720)				

95-6106694

	Check if Schedule O contains a response or not	e to any	/ line in this Part X ••••••	•••••		
	,	•		(A)		(B)
-				Beginning of year	$\perp$	End of year
1	Cash - non-interest-bearing ~~~~~~~~			6,500.	1	4,200.
2	Savings and temporary cash investments ~~~~			1,930,868.	2	955,975.
3	Pledges and grants receivable, net ~~~~~~			8,149,509.	3	9,153,686.
4	Accounts receivable, net ~~~~~~~~~~	~~~~	~~~	16,540,348.	4	16,482,619.
5	Loans and other receivables from current and for	rmer of	ficers, directors,			
	trustees, key employees, and highest compensa	ated em	ployees. Complete			
	Part II of Schedule L ~~~~~~~~~~~~~~~	~~~~	~~~		5	
6	Loans and other receivables from other disqualit	fied per	sons (as defined under			
	section 4958(f)(1)), persons described in section	1 4958(d	c)(3)(B), and contributing			
	employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
	employees' beneficiary organizations (see instr)	. Compl	ete Part II of Sch L ~~		6	
7	Notes and loans receivable, net ~~~~~~~~	~~~~	~~~~		7	
8	Inventories for sale or use ~~~~~~~~	~~~~	~~~	20.00	8	450.000
9	Prepaid expenses and deferred charges ~~~~	~~~~	-~~~~	99,667.	9	153,868.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D ~~~	10a	51,037,738.			
b	Less: accumulated depreciation ~~~~~	10b	15,731,744.	36,653,539.	10c	35,305,994.
11	Investments - publicly traded securities ~~~~~		~~~~~	29,169,098.	11	30,014,948.
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 ~~~~~~~	~~~~	-~~~~	8,349,398.	15	8,206,263.
16	Total assets. Add lines 1 through 15 (must equa	al line 3	4) ••••••	100,898,927.	16	100,277,553.
17	Accounts payable and accrued expenses ~~~~	~~~~	-~~~~	4,861,357.	17	5,108,690.
18	Grants payable ~~~~~~~~~~~~	~~~~	-~		18	
19	Deferred revenue ~~~~~~~~~~~~~	~~~~	~~	5,012,051.	19	2,670,068.
20	Tax-exempt bond liabilities ~~~~~~~~~	.~~~~	~~~~	30,224,609.	20	28,870,540.
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee					
	Complete Part II of Schedule L ~~~~~~~				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated		•		24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines					
	Schedule D ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~	22,136,196.	25	33,447,226.
26	Total liabilities. Add lines 17 through 25	••••••	••	62,234,213.	26	70,096,524.
	Organizations that follow SFAS 117 (ASC 958),		1/			
	complete lines 27 through 29, and lines 33 and 3		·			
27	Unrestricted net assets ~~~~~~~~~		~~~	2,365,307.	27	4,886,483.
28	Temporarily restricted net assets ~~~~~~			36,299,407.	28	25,294,546.
29	Permanently restricted net assets ~~~~~~				29	
	Organizations that do not follow SFAS 117 (ASC					
	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 ed				31	
32	Retained earnings, endowment, accumulated in				32	
33	Total net assets or fund balances ~~~~~~~			38,664,714.	33	30,181,029.
34	Total liabilities and net assets/fund balances			100,898,927.	34	100,277,553.

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10 Yes No  1 2a 2b 2b 2c 2c 2c 3a 3a 3a 3a 3a	Forn	n 990 (2017)			Pag	ge
1   Total revenue (must equal Part VIII, column (A), line 12)						
2 Total expenses (must equal Part IX, column (A), line 25)		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25)						
3   Nevenue less expenses. Subtract line 2 from line 1   3   4   5   5   5   5   5   5   5   5   5	1		1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2		2			
5 Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	3			
6	4		4			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Yes No 2a 2a 2a 2a 2a 3a	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments	6	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6			
9 Other changes in net assets or fund balances (explain in Schedule O)  10  11  22  24  25  26  26  27  38  38	7	Investment expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7			
10	8	Prior period adjustments	8			
10 Yes No  1 2a 2b 2b 2c 2c 2c 3a 3a 3a 3a 3a	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Yes No  1 2a 2a 2b 2b 2c 3a	10					
1 2a 2a 2b 2b 2c 2c 3a 3a 3a 3a 3a			10			
1 2a 2a 2b 2b 2c 2c 3a 3a 3a 3a 3a						
1 2a 2a 2b 2b 2c 2c 3a 3a 3a 3a 3a						
2a					Yes	No
2b	1					
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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. | Attach to Form 990 or Form 990-EZ. | Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of burthens, or association of burchens described in section 170(b)(1)A(b)(i).  A school described in section 170(b)(1)A(b)(i).  A hospital or a cooperative hospital service organization described in section 170(b)(1)A(b)(ii).  A modical resourch organization operated in conjunction with a hospital described in section 170(b)(1)A(b)(ii).  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)A(b)(ii). (Complete Part II).  A forest, state, or local government or governmental unit described in section 170(b)(1)A(b)(ii).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)A(b)(ii). (Complete Part II).  A nagricultural research organization described in section 170(b)(1)(A(b)(ii). (Complete Part II).)  An agricultural research organization described in section 170(b)(1)(A(b)(ii). (Complete Part II).)  An agricultural research organization described in section 170(b)(1)(A(b)(ii). Operated in conjunction with a land-grant college or university:  10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment section 509(a)(2).  **Section 509(a)(2).**  **Section 509(a)(4).**  **Section 509(a)(4).**  **Section 509(a)(4).**  **Section 509(a)(4).**  **You must complete Part IV, Sections A and B.**  **You must complete Part IV, Sections A and D. and Part V.**  **You must complete Part IV, Sections A and D. and Part V.**  **You must complete Part IV, Sections A and D. and Part V.**  **You must complete Part IV, Sections A and D. and Part V.**  **You must complete Part IV, Sections A and D. and Par				(All organizations must co	omplete thi	is part.) Se	e instructions.		
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(iii).  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A nedical research organization perated for conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.)  8 A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.)  9 An agricultural research organization described in section 170(b)(1)(A)(iv) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment section 509(a)(2).  112  Section 509(a)(1) section 509(a)(2) section 509(a)(3).  129 III university or a non-land-grant college or university.  You must complete Part IV, Sections A and B.  You must complete Part IV, Sections A and D.  You must complete Part IV, Sections A and D.  You must complete Part IV, Sections A and D.  You must complete Part IV, Sections A and D.  You must complete Part IV, Sections A and D.  You must complete Part IV, Sections A and D.  You must complete Part IV, Sect	The orga	anization is not a private found	lation because it is:	For lines 1 through 12, c	heck only	one box.)			
A school described in section 170(b)(1)(A)(ii). (Alsoc Schedule E (Form 990 or 990-E21).  A hospital or a cooperative nospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II).  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II).  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  A nagricultural research organization described in section 170(b)(1)(A)(iv). (Complete Part III.)  A nagricultural research organization described in section 170(b)(1)(A)(iv). (Complete Part III.)  An arginization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment section 509(a)(2).  Type II.  You must complete Part IV, Sections A and B.  Type II.  You must complete Part IV, Sections A and B.  You must complete Part IV, Sections A and D.  Type III non-functionally integrated.  You must complete Part IV, Sections A and D, and Part V.  (iv) Name of supported	_						)(A)(i).		
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii).  A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii).  A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).  A loderal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv).  A normality rust described in section 170(b)(1)(A)(iv).  A community rust described in section 170(b)(1)(A)(iv).  A community rust described in section 170(b)(1)(A)(iv).  A norganization that normally receives: (1) more than 33.1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33.1/3% of its support from gross investment section 509(a)(2).  Type II.  You must complete Part IV, Sections A and B.  Type III functionally integrated.  You must complete Part IV, Sections A and D.  Type III non-functionally integrated.  You must complete Part IV, Sections A and D, and Part V.  On Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10)	2								
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A lodgeral, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(iv) operated in conjunction with a land-grant college or university:  University:  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment section 509(a)(2).  **Section 509(a)(1)** section 509(a)(2)** section 509(a)(3).  Type II.  You must complete Part IV, Sections A and B.  You must complete Part IV, Sections A and C.  Type III functionally integrated.  You must complete Part IV, Sections A and D, and Part V.  **Out must complete Part IV, Sections A and D, and Part V.  **Out must complete Part IV, Sections A, D, and Part V.  **Out must complete Part IV, Sections A, D, and Part V.  **Out must complete Part IV, Sections A, D, and Part V.  **Out must complete Part IV, Sections A, D, and Part V.  **Out must complete Part IV, Sections A, D, and Part V.  **Out must complete Part IV, Sections A, D, and Part V.  **Out must complete Part IV, Sections A, D, and Part V.  **Out must complete Part IV, Sections A, D, and Part V.  **Out Name of supported output Sections A, D, and D, and D, and Part V.  **Output Sections A, D, and D, and D, and D, and D, an	3						).		
city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(iv) operated in conjunction with a land-grant college or university:  10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment section 509(a)(2).  11								the hospital's name.	
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A rederal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(iv). (Operated in conjunction with a land-grant college or university:  10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipits from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment section 509(a)(2).  section 509(a)(4).  section 509(a)(4).  section 509(a)(4).  Section 509(a)(4).  Section 509(a)(4).  You must complete Part IV, Sections A and B.  You must complete Part IV, Sections A and B.  You must complete Part IV, Sections A and D, and Part V.  e  (i) Name of supported  Organization  (ii) Name of supported  Organization  (iii) Figs of organization  (i	·			.,				,	
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You must complete Part IV, Sections A, D, and E.  d Type III non-functionally integrated.  You must complete Part IV, Sections A, D, and E.  You must complete Part IV, Sections A and D, and Part V.  e  f g (i) Name of supported organization organization organization organization described on lines 1-10 above (see instructions))  (ii) Ves No support (see instructions) support (see instructions)	b	Type II.							
Type III non-functionally integrated.  You must complete Part IV, Sections A, D, and E.  You must complete Part IV, Sections A and D, and Part V.  e  f  g  (i) Name of supported organization organization organization organization organization shows (see instructions)  Above (see instructions)  (iii) Type of organization organiza									
You must complete Part IV, Sections A, D, and E.  You must complete Part IV, Sections A and D, and Part V.  e  f g (i) Name of supported organization (described on lines 1-10 ahove (see instructions))  Above (see instructions)  You must complete Part IV, Sections A, D, and E.  You must complete Part IV, Sections A, D, and E.  (ii) III non-functionally integrated.  You must complete Part IV, Sections A, D, and E.  (iv) Is the organization lise ed.  (iv) Is the organization lise ed.  (vi) Amount of monetary love instructions)  Yes No support (see instructions)		You mus	t complete Part IV, S	Sections A and C.					
Type III non-functionally integrated.  You must complete Part IV, Sections A and D, and Part V.  e  f  g  (i) Name of supported organization organization organization organization organization  (ii) EIN  (iii) Type of organization (described on lines 1-10 above (see instructions))  Above (see instructions)  (iv) Is the organization isled, by Amount of monetary in your governing document?  Yes  No  vi) Amount of other support (see instructions)  vi) Amount of other support (see instructions)	С	Type III functionally integ	rated.						
You must complete Part IV, Sections A and D, and Part V.  e  f g (i) Name of supported organization (described on lines 1-10 ahove (see instructions))  Above (see instructions)  Yes No  Yes (vi) Is the organization listed by Amount of monetary in your governing document? Yes No support (see instructions)				You must complete Pa	art IV, Sec	tions A, D,	and E.		
f g (i) Name of supported organization (described on lines 1-10 above (see instructions))  (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization lisled (v) Amount of monetary in your governing document?  Yes No  Support (see instructions)  (vi) Amount of other support (see instructions)	d	Type III non-functionally i	integrated.						
f g (i) Name of supported organization (described on lines 1-10 above (see instructions))  (iii) Type of organization (isled, v) Amount of monetary in your governing document?  Yes No support (see instructions)  (vi) Amount of other support (see instructions)									
(ii) Name of supported organization (described on lines 1-10 above (see instructions))  (iv) Is the organization listed by Amount of monetary in your governing document?  Yes No support (see instructions)  (vi) Amount of other support (see instructions)			You must con	nplete Part IV, Sections A	and D, ar	nd Part V.			
(ii) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization listed on lines document? Yes No (vi) Amount of other support (see instructions)  (vi) Amount of other support (see instructions)	е								
(ii) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization listed on lines document? Yes No (vi) Amount of other support (see instructions)  (vi) Amount of other support (see instructions)									
(ii) Name of supported organization (lie) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))  (iv) Is the organization listed on lines 1-10 above (see instructions))  (iv) Is the organization listed on lines 1-10 above (see instructions))  (vi) Amount of other support (see instructions)	f								
organization (described on lines 1910 above (see instructions))  Yes No support (see instructions) support (see instructions)	<u>g</u>	() ) )		I	(iv) Is the o	ragnization lie	and a second	I ( ) A	
above (see instructions))  Yes No Support (see instructions)  Support (see instructions)		**	(II) EIN				nt? Amount of monetary	` '	
Total		Organization		above (see instructions))	Yes	No	support (see matructions)	support (see instructions)	
Total									
Total									
Total									
Total									
Total									
Total									
Total									
Total									
Total									
	Total								

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1	(-)			T		
2						
3						
4 Total.						
5						
0.5.11						
6 Public support. Subtract line 5 from line 4.						
Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
7	(a)	(b)	(C)	(d)	(e)	()
8						
·						
9						
10						
11 Total support.						
12					12	
13 First five years.						
stop	here					
					<u> </u>	
14					14	
15					15	
16a 33 1/3% support test - 2017.						
stop here.						
b 33 1/3% support test - 2016.						
stop here.	.0.17					
17a 10% -facts-and-circumstances test - 2	017.			la a sa		
			stop	here.		
L						
b						

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 RESEARCH FOUNDATION

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.") ~~						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3							
Ŭ	are not an unrelated trade or bus-						
	iness under section 513 ~~~~						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf ~~~~						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge ~						
_	· ·						
	Total. Add lines 1 through 5 ~~~						
78	A Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year ~~~~~						
	Add lines 7a and 7b ~~~~~						
	Public support. (Subtract line 7c from line 6	<u>i</u> )					
	ction B. Total Support	1	1		1	1	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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 busines	ses					
	acquired after June 30, 1975~~~						
C	Add lines 10a and 10b ~~~~~						
11							
	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 fo	r the organization'	s first, second, third	d, fourth, or fifth tax	x year as a sectior	501(c)(3) organiza	ation,
	check this box and stop here ******		••••••				
Se	ction C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2017 (I	ine 8, column (f) d	livided by line 13, c	olumn (f)) ~~~~	-~~~	15	%
16	Public support percentage from 2016	Schedule A. Part	III. line 15 ••••••	•••••		16	%
	ction D. Computation of Investr						
17	Investment income percentage for 20	)17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))	~~~~~	17	%
	Investment income percentage from	,	•			18	%
	a 33 1/3% support tests - 2017. If the					3 1/3%, and line 17	-
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2016. If the	•					•
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization		,	·		•	i

				Yes	No
1	Part VI				
2			1		
			2		
3					
4					
5					
6					
7					
8					
9					
10					
10					
			ı	1 /	ı

Pai	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
<u> </u>	Not Di Typo i Supporting Organizationo		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
'				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	111		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	<u>0, 10 0</u>		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
	.,,	1 1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
500	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
1				
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instance)	ructions	). 	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	26		
_	•	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	<del>_</del>			

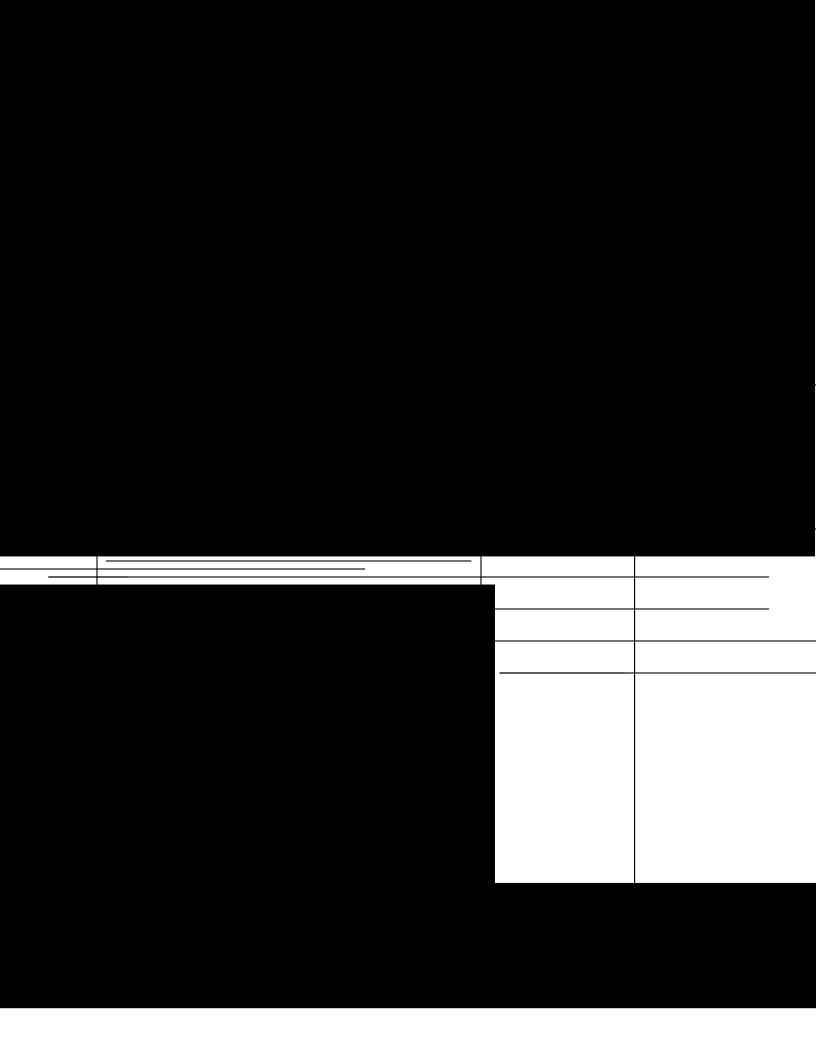
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred 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 71-3.2 24 VI	8		
Section B - Minimum Asset Amount			
1			
a	1a		
b	1b		
С	1c		
sele instaluctions)	1d		
e Discount			
Td (5, ee i):on and depgroion meathele1hl.s 5, seossitss on and depgroion monthe	tecash balse	e on and deF(see inso, 1h	l.s 5, ting ond 71-3.2 24 VI)
Form, (2) Tj T 71-3.2 24 VI	2		
3424 41.9ens3Tj -95.28 -Multip.2 .9ens5 by .03	3		
<b>3</b> 3Forma (sub 6, recia0Tt 41Tj 0 -36B, ion 28, Colum36 Tj -95.28 -Etior e aior Tj.5	ens22doN.9		
<b>3</b> 3Forma (sub 6, recia0Tt 41Tj 0 -36B, ion 28, Colum36 Tj -95.28 -Etior e aior Tj. 524 41.9ense, unl mer sjj 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m s	ens22doN.9		in Part VI.)cAd< Tj reciaisVI.)
	ens22doN.9 990 adu <b>e</b> tion 5		in Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer sjj 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9	ens22doN.9		ih Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer sjj 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9	ens22doN.9 990 adu <b>e</b> tion 5		in Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer sij 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9 5	ens22doN.9 990 odu <b>e</b> tion 5		in Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer sjj 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9 5 6 7 8 Minimum Asset Amount	ens22doN.9 990 oduetion 5 6		ih Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer sij 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9 5 6 7 8 Minimum Asset Amount section C - Distributable Amount	ens22doN.9 990 oduetion 5 6		in Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer siji 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9 5 6 7 8 Minimum Asset Amount Section C - Distributable Amount	ens22doN.9 990 oduetion 5 6 7 8		in Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer sjj 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9 5 6 7 8 Minimum Asset Amount Section C - Distributable Amount 1 2	ens22doN.9 990 oduetion 5 6 7 8		in Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer sjj 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9 5 6 7 8 Minimum Asset Amount Section C - Distributable Amount 1 2	9ens22doN.9 990 odu <b>e</b> tion 5 6 7 8		in Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer sij 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9 5 6 7 8 Minimum Asset Amount Section C - Distributable Amount 1 2 3	Pens22doN.9 1990 oduetion 5 6 7 8		in Part VI.)cAd< Tj reciaisVI.)
524 41.9ense, unl mer sij 02toTd (o- 0 5ee instruce.9rgency t inorary1) ract lin m 9 5 6 7 8 Minimum Asset Amount Section C - Distributable Amount 1 2 3 4	Pens22doN.9 Pens22		in Part VI.)cAd< Tj reciaisVI.)

Schedule A (Form 990 or 990-EZ) 2017

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	<u> </u>		

Schedule A	(Form 990 or 990-EZ) 2017 8
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Department of the Treasury Internal Revenue Service		OMB No.	. 1545-0047



Name of organization
CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

Employer identification number

95-6106694

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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		\$\$	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		\$ \$	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
10		\$\$1,405,962.	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.)

Name of o	rganization	Employer identification number		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from Part I				

Name of c	organization				Employer identification number
	<b>7⁄3i5ïòtu≅3.⊘h</b> aritable, etc., con	dributions to organization	is described in s	ection 501(c)(7). (8	3). or (10) matE3780 () 48 re 8 () a 72.5 443 (
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of	f \$1,000 or less for th	For organization e year. (Enter this info.	B), or (10) thatE3780 0.48 re B 0 g 72.5 443.0 s nnce.)
				_	

		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		
THE PARTY OF THE P		

Schedule D (Form 990) 2017 RESEARCH FO	UNDATION		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, Pa	rt X, line 12.	
(a) Description of security or categoryluding name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year marke	t 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, Pa	rt X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-year marke	t 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		11d. See Form 990, Pa		
COLLECTION ITEMS	a) Description		(b) Book 6,317,7	
LINIAMODTIZED LOCCONI DEELINIDIA	IC .		1,888,5	
<u> </u>	10		1,000,0	)22.
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	line 1E \		8,206,2	263
Total. (Column (b) must equal Form 990, Part X, col. (B)	IIII 15.)••••••••	••••	0,200,2	.00.
Part X Other Liabilities.	# F 000 P N/ P	44 446 0	00. Bast V. Par. 05	
Complete if the organization answered "Yes 1. (a) Description of liability	on Form 990, Part IV, line	(b) Book value	90, Part X, line 25.	
		(b) Book value		
(1) Federal income taxes (2) POST EMPLOYMENT BENEFITS				
ODLICATION	1	2,710,651.		
CLIAD DEMAINDED TOLICE AND CLI		2,7 10,001.		
OLET ANNUATY LIABILITY	113.	7,937,417.		
OTUED LIADUTIES		221,254.		
NET DIFFEDENCE IN ODED LIADILIT	IFS	63,710.		
NON EVOLUNIOE TRANSACTIONS		2,514,194.		
(8) NON-EXCHANGE TRANSACTIONS	<u>'</u>	2,011,104.		
141				

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) 2017

33,447,226.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2017 RESEARCH FOUNDATION		95-6	106694 _{Pa}	ae 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Returi	n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements ~~~~~	~~~~~~	1	52,586,190.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a 377,492.	_		
b	Donated services and use of facilities  ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2b	_		
С	Recoveries of prior year grants	2c	_		
d	Other (Describe in Part XIII.)	2d	_	377,492.	
е	Add lines 2a through 2d		2e	52,208,698.	
3	Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	•	3	32,200,030.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_{4a}   100,720.			
a L	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~	4a 100,720.			
b	Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	40 1	10	100,720.	
C 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	**********	4c	52,309,418.	
Par	t XII Reconciliation of Expenses per Audited Financial Statements				
ı uı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	· · · · · · · · · · · · · · · · · · ·	<i>a</i> 111.		
1	Total expenses and losses per audited financial statements ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		1	49,677,694.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_{2a}			
b	Prior year adjustments	2b			
C	Other losses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2c			
d	Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2d			
e	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		2e		0.
3	Subtract line 2e from line 1 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		3	49,677,694.	
		-	3	-,- ,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	100,720.			
a	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~~	74			
b	Other (Describe in Part XIII.)	4b	٦.	100,720.	
c	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4c	49,778,414.	
Par	t XIII Supplemental Information.		1 5	10,770,111.	
		IV lines the and the Dort V line	4. Dort	V line 2. Dort VI	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		9 4; Part	X, line 2; Part XI,	
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	lional information.			
PAR	RT III, LINE 4:				
	,				
THE	RESEARCH FOUNDATION'S COLLECTION ITEMS ARE MADE U	JP OF ARTIFACTS OF			
HIS	TORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD F	FOR EDUCATIONAL			
RES	EARCH AND CURATORIAL PURPOSES. EACH OF THE ITEMS I	S CATALOGED,			
PRE	SERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR	R EXISTENCE AND			
ASS	ESSING THEIR CONDITION ARE PERFORMED CONTINUOUSL'	Y. MONIES RECOVERE	D		
FRC	OM ANY COLLECTIONS THAT ARE SOLD MUST BE USED TO AC	CQUIRE OTHER ITEMS	FOR		
COL	LECTIONS.				
COL	LECTION ITEMS ACQUIRED ON OR AFTER JULY 1, 1996 ARE (	CAPITALIZED AT			
000	OT IETHE ITEMO WEDE DUDOUAGED OD ATTUED ADDRAGE	D OD EAID *** DIZET			
COS	ST, IF THE ITEMS WERE PURCHASED, OR AT THEIR APPRAISE	D OK FAIR MARKET			
١/٨١	LIE ON THE ACCESSION DATE IF THE ITEMS WERE CONTRIB	LITED THERE WERE N	0		

#### SCHEDULE G

Department of the Treasury

Part I

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

> | Attach to Form 990 or Form 990-EZ. www.irs.gov/Form990 for the latest instructions

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Fundraising Activities.

required to complete this part.

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Employer identification number 95-6106694

<ol> <li>Indicate whether the organization rais</li> <li>Mail solicitations</li> </ol>		_			Check all that apply.  Overnment grants			
a Mail solicitations b Internet and email solicitations				_	nment grants			
c X Phone solicitations								
d In-person solicitations	9	Opeolari	idilala	ionig (	Svente			
2 a Did the organization have a written of	r oral agreement with any inc	dividual (	'includ	ina of	ficers directors trust	ees or		
key employees listed in Form 990, P				-		X Yes	No	
b If "Yes," list the 10 highest paid indiv					-		140	
compensated at least \$5,000 by the		) parsaa	10 0	grooi	nonto unaci winon tri	c furidialiser is to be		
componented at least \$6,000 by the	I				<u> </u>			
(i) Name and address of individual			(iii)	Did	(iv) Gross receipts	(v) Amount paid	(vi) Amount paid	
or entity (fundraiser)	(ii) Activity		(iii) fundra have co or con	ustody trol of	from activity	to (or retained by) fundraiser	to (or retained by)	
or ormsy (ramaraloon)			contributions?			listed in col. (i)	organization	
KKJZ FUNDRAISING, INC - 6300	FUNDRAISING - KJAZ	Z RAD	NQ _s	No				
STATE UNIVERSITY DRIVE, #33	8,TATION			Χ	1,250,023.	25,000.	1,225,023.	
Fotal •••••••					1,250,023.	25,000.	1,225,023.	
Total ••••••••••••••••••••••••••••••••••••	n is registered or licensed to	colicit co	ntribu	tions		·		
or licensing.	ir is registered of licerised to	SOIICIT CC	Jillibu	110115	or rias been notined i	t is exempt from regi	Stration	
CA CA								
		·						

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) 2017

_		mplete if the organization answered ns and gross income on Form 990			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1					
1	Gross receipts				
2	Less: Contributions ~~~~~	~			
3	Gross income (line 1 minus line 2)	••••			
4	Cash prizes ~~~~~~~~~				
_					
5	5 Noncash prizes ~~~~~~~				
6	Rent/facility costs ~~~~~~	,			
i   -	7 Food and hover				
7     7	7 Food and beverages ~~~~~~	~~			
8	3 Entertainment ~~~~~~				
	Other direct evenence				
9	'				
10	O Direct expense summary. Add lines	s 4 through 9 in column (d) ~~~~	~~~~~~~~~	·	
	<ul><li>Direct expense summary. Add lines</li><li>Net income summary. Subtract line</li></ul>	s 4 through 9 in column (d) ~~~~ s 10 from line 3. column (d)	••••••	eported more than	
10	<ul><li>Direct expense summary. Add lines</li><li>Net income summary. Subtract line</li></ul>	s 4 through 9 in column (d) ~~~~ s 10 from line 3. column (d) •••••• panization answered "Yes" on Forn	••••••	eported more than	
10	Direct expense summary. Add lines     Net income summary. Subtract line     Complete if the org	s 4 through 9 in column (d) ~~~~ s 10 from line 3. column (d) •••••• panization answered "Yes" on Forn	n 990, Part IV, line 19, or r	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
10	Direct expense summary. Add lines     Net income summary. Subtract line     Complete if the org	s 4 through 9 in column (d) ~~~~ s 10 from line 3. column (d) •••••• ganization answered "Yes" on Form 6a.	n 990, Part IV, line 19, or r	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
10	Direct expense summary. Add lines     Net income summary. Subtract line     Complete if the org	s 4 through 9 in column (d) ~~~~ s 10 from line 3. column (d) •••••• ganization answered "Yes" on Form 6a.	n 990, Part IV, line 19, or r	(c) Other gaming	
10	Direct expense summary. Add lines     Net income summary. Subtract line     Complete if the org     \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	s 4 through 9 in column (d) ~~~~ s 10 from line 3. column (d) •••••• ganization answered "Yes" on Form 6a.	n 990, Part IV, line 19, or r	(c) Other gaming	
10	Direct expense summary. Add lines     Net income summary. Subtract line     Complete if the org     \$15,000 on Form 990-EZ, line	s 4 through 9 in column (d) ~~~~ s 10 from line 3. column (d) •••••• ganization answered "Yes" on Form 6a.	n 990, Part IV, line 19, or r	(c) Other gaming	
1(1111111111111111111111111111111111111	O Direct expense summary. Add lines  Net income summary. Subtract line Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	s 4 through 9 in column (d) ~~~~ s 10 from line 3. column (d) •••••• ganization answered "Yes" on Form 6a.	n 990, Part IV, line 19, or r	(c) Other gaming	
1(1111111111111111111111111111111111111	O Direct expense summary. Add lines  1 Net income summary. Subtract line Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	s 4 through 9 in column (d) 10 from line 3. column (d) panization answered "Yes" on Form 6a.  (a) Bingo	n 990, Part IV, line 19, or r	(c) Other gaming	
10	O Direct expense summary. Add lines  1 Net income summary. Subtract line Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	s 4 through 9 in column (d) 10 from line 3. column (d) panization answered "Yes" on Form 6a.  (a) Bingo	n 990, Part IV, line 19, or r	(c) Other gaming	
1(1111111111111111111111111111111111111	O Direct expense summary. Add lines  1 Net income summary. Subtract line Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	s 4 through 9 in column (d) 10 from line 3. column (d) panization answered "Yes" on Form 6a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
10 11 11 11 11 11 11 11 11 11 11 11 11 1	Direct expense summary. Add lines  Net income summary. Subtract lines Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	s 4 through 9 in column (d) the 10 from line 3. column (d) ganization answered "Yes" on Form 6a.  (a) Bingo  Yes	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming  Yes%	col. (a) through col. (c))
1(1111111111111111111111111111111111111	O Direct expense summary. Add lines  1 Net income summary. Subtract lines Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	s 4 through 9 in column (d) 10 from line 3. column (d) panization answered "Yes" on Form 6a.  (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
1( 11 2 2 3 4 5	O Direct expense summary. Add lines  1 Net income summary. Subtract line	s 4 through 9 in column (d) 10 from line 3. column (d) 10 from line 4. column (d) 10 from line 4. column (d) 10 from line 4. colu	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming  Yes % No	col. (a) through col. (c))
10 11 2 3 4 5 6 7	Direct expense summary. Add lines  Net income summary. Subtract line Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	yes	(b) Pull tabs/instant bingo/progressive bingo  Yes% No	(c) Other gaming  Yes % No	col. (a) through col. (c))
10 11 2 3 4 5 6	Direct expense summary. Add lines  Net income summary. Subtract line Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	Yes	yes % No	Yes% No	col. (a) through col. (c))
10 11 2 3 4 5 6 7	Direct expense summary. Add lines  Net income summary. Subtract line Complete if the org \$15,000 on Form 990-EZ, line  Gross revenue ***********************************	yes	yes % No	Yes% No	col. (a) through col. (c))

Yes

No

10a

## CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule G (Form 990 or 990-EZ) 2017 RESEARCH FOUNDATION	95-6106694	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
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? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:	
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~~~	~~~~ Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount	ount	
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   \$		
Carring manager compensation   \$\psi\$		
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   \$		
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, lines 9, 9b, 10	b, 15b,
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		
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

Schedule (JEDIM 200 or 2004 EZ) RESEARCH FOUNDATION 95-6106694 Page 4.  Part IV Supplemental Information (continued)	Schedule G (Form 990 or 990-EZ) RESEARCH FOUNDATION	95-6106694	Page 4
	Part IV Supplemental Information (continued)		

### SCHEDULE I (Form 990)

Department of the Treasury

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

Attach to Form 990.

Internal Revenue Service | Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization							Employer identification nu	ımber	
Part I Gene	eral Information on Grants and	Assistance							
criteria use	organization maintain records to award the grants or assis an Part IV the organization's pro	tance? ~~~~~	.~~~~~~~~	~~~~~~~	~~~~~~		ance, and the selectio	on Yes [	□ No
	nts and Other Assistance to Do					anization answered "Ye	es" on Form 990, Part	IV, line 21, for any	
	pient that received more than \$								
1 (a)		(b)	(c)	(d)	(e)	(f) Method of valuation (book, FMV, appraisal,	(g)	(h)	
2									

# CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Schedule | (Form 990) (2017)

95-6106694

Page 2

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	Complete if the organization answered "Yes" on Form 990, Part IV, line 22.							
(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 rec	uired in Part I, line	e 2; Part III, column	(b); and any other ac	dditional information.				
PART I, LINE 2:								
SCHOLARSHIP RECIPIENTS APPLY FOR CSULB SO	CHOLARSHIP	S BASED ON V	/ARIOUS					
MERITS, AND AS APPROVED BY THE VARIOUS DE	PARTMENTS	AT CSULB. SO	CHOLARSHIPS					
ARE PAID BY CSULB DIRECTLY TO STUDENTS AN	D RESEARCH	H FOUNDATION	N REIMBURSES					
CSULB. CSULB DEPARTMENTS IN CONCERT WITH	I FINANCIAL	AID DETERMIN	E STUDENTS					
ELIGIBILITY AND MONITOR FUND USAGE TO ENSI	JRE THEY AR	RE APPLIED FC	R ACADEMIC					
PURPOSES. THERE ARE NO RESEARCH FELLOWS	SHIP GRANT	PAYMENTS IN	FY 2017-18.					

OMB No. 1545-0047

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number

				Yes	No	
1a	Check the appropriate box(es) if the organization provided					
	Part VII, Section A, line 1a. Complete Part III to provide an					
	First-class or charter travel	Housing allowance or residence for personal use				
	Travel for companions	Payments for business use of personal residence				
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees				
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organiza	ation follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses describe	ed above? If "No," complete Part III to explain ~~~~~~~~	1b			
2	Did the organization require substantiation prior to reimbur	rsing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director	or, regarding the items checked on line 1a? ~~~~~~~	2			
3	Indicate which, if any, of the following the filing organization	n used to establish the compensation of the organization's				
Ü		n useu to establish the compensation of the organizations n(dlip)gsacp2272453 de8p5r8xn437660990,)),chtpcss62aRxcy23p76572a	(A)dX(OverFia	tsiNTod	(If Di j	T* (Tlow
	, , , , , , , , , , , , , , , , , , , ,					`
4						
а			4a			
b			4b			
С			4c			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizate	tions must complete lines 5-9.				
5						
_			Fo			
a			5a			
b			5b			
6						
O						
а			6a			
b			6b			
D			00			
7						
•			7			
8						
-			8			
9						
9			9			

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

Schedule J (Form 990) 2017

95-6106694

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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(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. JANE CLOSE CONOLEY	(i)	0.	0.	12,000.	0.	0.	12,000.	0.
011415	(ii)	345,092.	0.	10,236.	95,190.	11,211.	461,729.	0.
(2) DR. BRIAN JERSKY	(i)	0.	0.	7,200.	0.	0.	7,200.	0.
VIOE OLIVID	(ii)	251,872.	0.	561.	69,328.	17,943.	339,704.	0.
(3) MARY STEPHENS (UNTIL 12/31/17	(i)	0.	0.	7,800.	0.	0.	7,800.	0.
TREASURER / CEO	(ii)	243,468.	0.	396.	62,037.	9,832.	315,733.	0.
(4) SCOTT APEL (STARTED 01/01/18)	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER / CEO	(ii)	184,105.	0.	138.	52,006.	28,444.	264,693.	0.
(5) DR. SIMON KIM	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY (	(ii)	165,619.	0.	138.	46,165.	25,650.	237,572.	0.
(6) DR. STEPHEN MEZYK	(i)	171,621.	0.	0.	0.	0.	171,621.	0.
DIRECTOR	(ii)	174,421.	0.	0.	54,621.	10,747.	239,789.	0.
(7) DR. BRIAN NOWLIN	(i)	170,941.	0.	7,904.	17,885.	9,701.	206,431.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	164,644.	401,360.	0.	0.	0.	566,004.	0.
	(ii)	191,399.	0.	8,284.	53,277.	25,650.	278,610.	0.
(9) RONALD MARK	(i)	137,792.	0.	0.	13,779.	22,564.	174,135.	0.
DIR. CENTER FOR CRIMINAL JUSTIÇ	(F)	0.	0.	0.	0.	0.	0.	0.
	(i)							
(	(ii)							
	(i)							
(	(ii)							
	(i)							
(	(ii)							
	(i)							
	(ii)							
	(i)							
,	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

95-6106694

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 1A:
CSULB RESEARCH FOUNDATION PAYS MEMBERSHIP DUES TO THE OLD RANCH COUNTRY
CLUB FOR THE BOARD CHAIR, DR. JANE CONOLEY.
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 K Form 990) Department of the Treasury Itemal Revenue Service									OM	B No. 15	45-0047	
•												
	1			1			1					
									I			
								-				
										1		
								-		+		
Does the organization maintain adequate books and records to	a support the final allegation	of proceeds?										
Does the organization maintain adequate books and records to	o support the illial allocation	i oi pioceeus?	 <u> </u>		1	<u> </u>				1		
								-		_		

## CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Schedule K (Form 990) 2017 RESEARCH FOUNDATION 95-6106694

Part III Private Business Use (Continued) No X 3a Are there any management or service contracts that may result in private Yes No Yes No Yes Yes No business use of bond-financed property? ••••••• b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? X X c Are there any research agreements that may result in private business use of bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ••••• 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government •• 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government •••••••• X Х Χ Does the bond issue meet the private security or payment test? ••••••• 8a Has there been a sale or disposition of any of the bond-financed property to a non-Χ Χ Х governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed Of ••••••• c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? •••••• Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Χ Х Х Regulations sections 1.141-12 and 1.145-2? •••••••••• Part IV Arbitrage Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes No Yes No Yes No Penalty in Lieu of Arbitrage Rebate? •••••• 2 If "No" to line 1, did the following apply? ••••••• X X Х a Rebate not due yet? •••••• X X X b Exception to rebate? ••••••• X c No rebate due? ••••••• If "Yes" to line 2c, provide in Part VI the date the rebate computation was X X X 3 Is the bond issue a variable rate issue? ••••••••••• 4a Has the organization or the governmental issuer entered into a qualified Χ Χ Χ hedge with respect to the bond issue? ••••••••• N/A N/A N/A c Term of hedge ••••••• Χ X X d Was the hedge superintegrated? ••••••• X X X e Was the hedge terminated? ••••••••

732122 10-18-17

Schedule K (Form 990) 2017

Page 2

## CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

95-6106694 Schedule K (Form 990) 2017 Page 3

Part IV Arbitrage (Continued)								
	A	A	E	3		3		)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? ••••••		Х		Х		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?		Х		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								
	ļ.	A	[	3		)		)
	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 isn't available under applicable								
regulations? •••••••		X		Х		X		
Part VI Supplemental Information. Provide additional information for responses to guestions	on Schedule	K. See instru	uctions					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: TRUSTEES OF THE CA. STATE UNIVERSITY								
(F) DESCRIPTION OF PURPOSE: REFUND OF 2008 COLLEGE AQUISITIO	N							
PART III, LINE 3D, PART III, LINE 9, AND PART V								
ANNUALLY, THE ORGANIZATION SUBMITS A REPORT TO THE CHANCE	LLOR'S OF	FICE,						
WHICH TABULATES BOND FINANCED SPACE USED IN A PRIVATE TRAD	E OR							
BUSINESS, IF ANY. TO THE EXTENT THERE ARE ANY CHANGES IN THE	USE OF							
SPACE FROM THE PREVIOUS YEAR, THE ORGANIZATION COMPLETES	A PRIVAT	E USE						
CHECKLIST WHICH IS SUBMITTED TO THE CHANCELLOR'S OFFICE.								

Schedule K (Form 990) 2017

## SCHEDULE O

Internal Revenue Service

Department of the Treasury

(Form 990 or 990-EZ)

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.

Open to Public <u>Inspection</u>

Name of the organization

| Go to www.irs.gov/Form990 for the latest information CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

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
CONTRIBUTIONS RECEIVED ARE LARGE GRANTS FROM GOVERNMENT ENTITIES.
FORM 990, PART VI, SECTION A, LINE 4:
THE FOUNDATION REVISED ITS CORPORATE BYLAWS TO REDEFINE THE DESCRIPTION OF
THE AUDIT COMMITTEE, APPOINT THE COO AS THE OFFICER OF CORPORATION AND
APPOINT THE CSULB ASSOCIATION VP FOR FINANCIAL MANAGEMENT AS AN OFFICER OF
THE CORPORATION. THE REVISED BYLAWS WERE APPROVED IN JUNE, 2018.
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

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

Schedule O (Form 990 or 990-EZ) (2017)

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



INCEPTION OF OPERATIONS. SOME ASSETS RELATED TO CAMPUS PROGRAM

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Part V	Transactions	With Relate	ed Organizations	S.						
Note:									Yes	No
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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) (b) (c) (d) (e) Are all (f) (g) (h) (i) (k) Dispropor tionate amount in box 20 partner?
Yes No (Form 1065) Yes No Predominant income partners sec. (related, unrelated, 501(c)(3) excluded from tax under sections 512-514) Yes No Name, address, and EIN Primary activity Legal domicile Share of Share of of entity (state or foreign total end-of-year country) assets income

## CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOLINDATION

Schedule R	RESEARCH FOUNDATION		95-6106694	Page 5
Part VII	(Form 990) 2017   RESEARCH FOUNDATION   Supplemental Information.			
	Provide additional information for responses to questions on Schedule	R. See instructions.		
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