



[Redacted]

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ~~~~~ Yes No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~ Yes No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

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

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

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

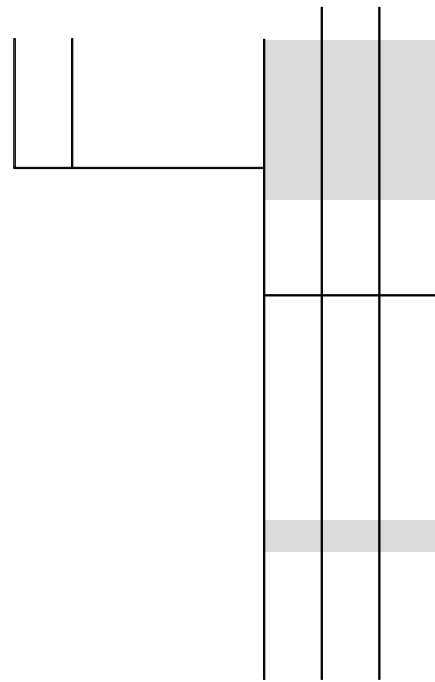
4e \_\_\_\_\_



(continued)

		Yes	No
20a	If "Yes," complete Schedule H	20a	
b		20b	
21	If "Yes," complete Schedule I, Parts I and II	21	
22	If "Yes," complete Schedule I, Parts I and III	22	
23	If "Yes," complete Schedule J	23	
24a	If "Yes," go 3fte	24a	
24b		24b	
c		24c	
d		24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.	25a	
b		25b	
26		26	
27		27	
28			
a		28a	
b		28b	
c		28c	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35a		35a	
b		35b	
36	Section 501(c)(3) organizations.	36	
37		37	
38	Note.	38	











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				(A)	(B)	(C)	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	1a						
	b	1b						
	c	1c						
	d	1d						
	e	1e						
	f	1f	All other contributions, gifts, grants, and similar amounts not included above					
	g		Noncash contributions included in lines 1a-1f: \$ _____					
	h		Total					
Program Service Revenue			Business Code					
	2 a	_____						
	b	_____						
	c	_____						
	d	_____						
	e	_____						
	f							
g		Total						
Other Revenue	3							
	4							
	5							
	6 a							
		b						
		c						
	7 a							
		b						
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	8 a	_____						
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c								
	c							
		Business Code						
11 a	_____							
	b	_____						
	c	_____						
	d	_____						
	e	Total						
12	Total revenue See instructions.							

CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

Form 990 (2017)

95-6106694

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**Part IX Statement of Functional Expenses**

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

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

X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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, trustees, and key employees ~~~~~	387,294.		387,294.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)~				
7 Other salaries and wages ~~~~~	18,780,236.	18,780,236.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	615,842.	615,842.		
9 Other employee benefits ~~~~~	5,217,075.	5,217,075.		
10 Payroll taxes ~~~~~				
11 Fees for services (non-employees):				
a Management ~~~~~				
b Legal ~~~~~				
c Accounting ~~~~~				
d Lobbying ~~~~~				
e Professional fundraising services. See Part IV, line 17	25,000.			25,000.
f Investment management fees ~~~~~	100,720.		100,720.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,009,582.	2,472,293.	2,537,289.	
12 Advertising and promotion ~~~~~	43,411.	43,411.		
13 Office expenses ~~~~~	1,732,726.	1,732,726.		
14 Information technology ~~~~~	296,822.	296,822.		
15 Royalties ~~~~~				
16 Occupancy ~~~~~	778,731.	778,731.		
17 Travel ~~~~~	1,571,555.	1,571,555.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~	214,467.	214,467.		
20 Interest ~~~~~	1,156,488.	1,156,488.		
21 Payments to affiliates ~~~~~				
22 Depreciation, depletion, and amortization ~	1,127,447.	1,127,447.		
23 Insurance ~~~~~	260,052.	260,052.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SPONSORED PROGRAM SUB-C</b>	4,355,708.	4,355,708.		
b <b>FURNITURE &amp; EQUIPMENT</b>	1,350,608.	1,350,608.		
c <b>HOSPITALITY</b>	329,757.	329,757.		
d <b>DUES &amp; SUBSCRIPTIONS</b>	93,942.	93,942.		
e All other expenses _____	1,468,833.	1,468,833.		
25 Total functional expenses. Add lines 1 through 24e	49,778,414.	46,728,111.	3,025,303.	25,000.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

Form 990 (2017)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing ~~~~~	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ~~~~~		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ~~~		6		
	7 Notes and loans receivable, net ~~~~~		7		
	8 Inventories for sale or use ~~~~~		8		
	9 Prepaid expenses and deferred charges ~~~~~	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 equal line 34) .....	100,898,927.	16	100,277,553.		
Liabilities	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 Part IV of Schedule D ~~~~		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ~~~~~		22		
	23 Secured mortgages and notes payable to unrelated third parties ~~~~~		23		
	24 Unsecured notes and loans payable to unrelated third parties ~~~~~		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~~~~~	22,136,196.	25	33,447,226.	
	26 Total liabilities. Add lines 17 through 25 .....	62,234,213.	26	70,096,524.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here   <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets ~~~~~	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 958), check here   <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds ~~~~~		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~		31		
	32 Retained earnings, endowment, accumulated income, or other funds ~~~~		32		
33 Total net assets or fund balances ~~~~~	38,664,714.	33	30,181,029.		
34 Total liabilities and net assets/fund balances .....	100,898,927.	34	100,277,553.		

Form 990 (2017)

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		10	

		Yes	No
1	_____		
2a			
b			
c			
3a			
b			

(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. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization

Employer identification number

(All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 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:
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)(v).
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)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) 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).

section 509(a)(4).

section 509(a)(1) section 509(a)(2) section 509(a)(3).

a Type I.

You must complete Part IV, Sections A and B.

b Type II.

You must complete Part IV, Sections A and C.

c Type III functionally integrated.

You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated.

You must complete Part IV, Sections A and D, and Part V.

e

f

g

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.



Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4 Total.						
5						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
7						
8						
9						
10						
11 Total support.						
12					12	
13 First five years.						

stop here

14	14	
15	15	

16a 33 1/3% support test - 2017.

stop here.

b 33 1/3% support test - 2016.

stop here.

17a 10% -facts-and-circumstances test - 2017.

stop here.

b

18

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.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



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



**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to 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.		
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.		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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).		

**Section 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?		
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).		
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.		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
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.		
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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.		
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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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.		
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.		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount			
1			
a		1a	
b		1b	
c		1c	
d	(see instructions)	1d	
e	Discount		
2	Line 8 from Part I	2	
3	Line 2 from Part I multiplied by 0.03	3	
4	Line 2 from Part I multiplied by 0.03	4	
5	Line 2 from Part I multiplied by 0.03	5	
6	Line 2 from Part I multiplied by 0.03	6	
7	Line 2 from Part I multiplied by 0.03	7	
8	Minimum Asset Amount	8	
Section C - Distributable Amount			
1		1	
2		2	
3		3	
4		4	
5		5	
6	Distributable Amount	6	
7			





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 additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,700,331.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
8		\$ 2,711,788.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
9		\$ 1,185,829.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
10		\$ 1,405,962.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____





Department of the Treasury  
Internal Revenue Service

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**Part VII** Investments - Other Securities.

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

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

**Part VIII** Investments - Program Related.

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

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

**Part IX** Other Assets.

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

(a) Description	(b) Book value
(1) COLLECTION ITEMS	6,317,741.
(2) UNAMORTIZED LOSS ON REFUNDING	1,888,522.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).....	8,206,263.

**Part X** Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST EMPLOYMENT BENEFITS OBLIGATION	12,710,651.
(3) CHAR. REMAINDER TRUST AND CHAR. GIFT ANNUITY LIABILITY	7,937,417.
(4) OTHER LIABILITIES	221,254.
(5) NET DIFFERENCE IN OPEB LIABILITIES	63,710.
(6) NON-EXCHANGE TRANSACTIONS	12,514,194.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).....	33,447,226.

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

CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

Schedule D (Form 990) 2017

95-6106694

Page 4

**Part XI** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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:			
a	Net unrealized gains (losses) on investments	2a	377,492.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	377,492.	
3	Subtract line 2e from line 1		3	52,208,698.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	100,720.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	100,720.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	52,309,418.

**Part XII** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	100,720.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	100,720.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	49,778,414.

**Part XIII** Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 4:**

THE RESEARCH FOUNDATION'S COLLECTION ITEMS ARE MADE UP OF ARTIFACTS OF

HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL

RESEARCH AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED,

PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND

ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. MONIES RECOVERED

FROM ANY COLLECTIONS THAT ARE SOLD MUST BE USED TO ACQUIRE OTHER ITEMS FOR

COLLECTIONS.

COLLECTION ITEMS ACQUIRED ON OR AFTER JULY 1, 1996 ARE CAPITALIZED AT

COST, IF THE ITEMS WERE PURCHASED, OR AT THEIR APPRAISED OR FAIR MARKET

VALUE ON THE ACCESSION DATE, IF THE ITEMS WERE CONTRIBUTED. THERE WERE NO





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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts ~~~~~			
	2	Less: Contributions ~~~~~			
	3	Gross income (line 1 minus line 2) ****			
Direct Expenses	4	Cash prizes ~~~~~			
	5	Noncash prizes ~~~~~			
	6	Rent/facility costs ~~~~~			
	7	Food and beverages ~~~~~			
	8	Entertainment ~~~~~			
	9	Other direct expenses ~~~~~			
	10	Direct expense summary. Add lines 4 through 9 in column (d) ~~~~~			
11	Net income summary. Subtract line 10 from line 3, column (d) *****				

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue *****		
Direct Expenses	2	Cash prizes ~~~~~			
	3	Noncash prizes ~~~~~			
	4	Rent/facility costs ~~~~~			
	5	Other direct expenses *****			
6	Volunteer labor ~~~~~	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ~~~~~				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) *****				

g dld (Tj -4237 g /34 158.4 -23.76 rm 990 or3-----EZ 20(Ev1F7F4organiz12.4I(Form 990 or 99F Form 990-E36 Tds.ch the 990-300org  
a Yes No  
b \_\_\_\_\_  
10a Yes No  
b \_\_\_\_\_



- 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 records:

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 of gaming revenue retained by the third party | \$ \_\_\_\_\_

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

Name | \_\_\_\_\_

Address | \_\_\_\_\_

- 16 Gaming manager information:

Name | \_\_\_\_\_

Gaming manager compensation | \$ \_\_\_\_\_

Description of services provided | \_\_\_\_\_

Director/officer                      Employee                      Independent contractor

- 17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC

(I) ADDRESS OF FUNDRAISER:

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

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 I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

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

| Attach to Form 990.

| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Open to Public  
Inspection

Name of the organization

Employer identification number

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ~~~~~  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a)	(b)	(c)	(d)	(e)	(f) Method of valuation (book, FMV, appraisal,	(g)	(h)

2

3

CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of 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 2017-18.

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

Name of the organization

Employer identification number

		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, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
First-class or charter travel	Housing allowance or residence for personal use		
Travel for companions	Payments for business use of personal residence		
Tax indemnification and gross-up payments	Health or social club dues or initiation fees		
Discretionary spending account	Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~		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	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
<input type="checkbox"/> 501(c)(3) (Not for profit) <input type="checkbox"/> 501(c)(4) (Charitable) <input type="checkbox"/> 501(c)(29) (Nonprofit) <input type="checkbox"/> Other (Specify in Part III)			
4			
a		4a	
b		4b	
c		4c	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5			
a		5a	
b		5b	
6			
a		6a	
b		6b	
7		7	
8		8	
9		9	

CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

95-6106694

Schedule J (Form 990) 2017

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. JANE CLOSE CONOLEY CHAIR	(i)	0.	0.	12,000.	0.	0.	12,000.	0.
	(ii)	345,092.	0.	10,236.	95,190.	11,211.	461,729.	0.
(2) DR. BRIAN JERSKY VICE CHAIR	(i)	0.	0.	7,200.	0.	0.	7,200.	0.
	(ii)	251,872.	0.	561.	69,328.	17,943.	339,704.	0.
(3) MARY STEPHENS (UNTIL 12/31/17) TREASURER / CEO	(i)	0.	0.	7,800.	0.	0.	7,800.	0.
	(ii)	243,468.	0.	396.	62,037.	9,832.	315,733.	0.
(4) SCOTT APEL (STARTED 01/01/18) TREASURER / CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,105.	0.	138.	52,006.	28,444.	264,693.	0.
(5) DR. SIMON KIM SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	165,619.	0.	138.	46,165.	25,650.	237,572.	0.
(6) DR. STEPHEN MEZYK DIRECTOR	(i)	171,621.	0.	0.	0.	0.	171,621.	0.
	(ii)	174,421.	0.	0.	54,621.	10,747.	239,789.	0.
(7) DR. BRIAN NOWLIN CHIEF OPERATING OFFICER	(i)	170,941.	0.	7,904.	17,885.	9,701.	206,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL MONSON HEAD MEN'S BASKETBALL COACH	(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 DIR. CENTER FOR CRIMINAL JUSTICE	(i)	137,792.	0.	0.	13,779.	22,564.	174,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Does the organization maintain adequate books and records to support the final allocation of proceeds?										



CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

95-6106694

Schedule K (Form 990) 2017

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
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 .....		%		%		%		%
6 Total of lines 4 and 5 .....		%		%		%		%
7 Does the bond issue meet the private security or payment test? .....		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
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? .....								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		
2 If "No" to line 1, did the following apply? .....								
a Rebate not due yet? .....		X		X		X		
b Exception to rebate? .....	X		X		X			
c No rebate due? .....		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
3 Is the bond issue a variable rate issue? .....		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		
b Name of provider .....	N/A		N/A		N/A			
c Term of hedge .....								
d Was the hedge superintegrated? .....		X		X		X		
e Was the hedge terminated? .....		X		X		X		

CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

95-6106694

Schedule K (Form 990) 2017

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:

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

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

PART III, LINE 3D, PART III, LINE 9, AND PART V

ANNUALLY, THE ORGANIZATION SUBMITS A REPORT TO THE CHANCELLOR'S OFFICE, WHICH TABULATES BOND FINANCED SPACE USED IN A PRIVATE TRADE OR BUSINESS, IF ANY. TO THE EXTENT THERE ARE ANY CHANGES IN THE USE OF SPACE FROM THE PREVIOUS YEAR, THE ORGANIZATION COMPLETES A PRIVATE USE CHECKLIST WHICH IS SUBMITTED TO THE CHANCELLOR'S OFFICE.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

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

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



Name of the organization	CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number 95-6106694
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TOTAL EXPENSES 193,032.

OTHER CONTRUCTION:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 367,874.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 367,874.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,009,582.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF NET POSITION TO CSULB 49ER FOUNDATION -654,815.

FORM 990, PART XI, LINE 8

DURING THE YEAR ENDED JUNE 30, 2018, MANAGEMENT ADOPTED, AS REQUIRED,

GASB STATEMENT NO. 75 ACCOUNTING AND FINANCIAL REPORTING FOR

POSTEMPLOYMENT BENEFITS OTHER THAN PENSIONS AND GASB STATEMENT NO. 81

IRREVOCABLE SPLIT INTEREST AGREEMENTS. BOTH STATEMENTS REQUIRED

RETROSPECTIVE APPLICATION AND THE RESEARCH FOUNDATION HAS RESTATED

LIABILITIES, NET POSITION, EXPENSES, AND DEFERRED INFLOWS BY

-\$10,737,366 AS OF JUNE 30, 2017.

FORM 990, PART XI, LINE 9

THE 49ER FOUNDATION BEGAN OPERATIONS JULY 1, 2012 WITH THE PURPOSE TO

PROMOTE PHILANTHROPY AND MANAGE THE RESOURCES PREVIOUSLY DONATED TO THE

RESEARCH FOUNDATION BUT DESIGNATED FOR UNIVERSITY-RELATED USES. ASSETS

RELATING TO ENDOWMENTS, SCHOLARSHIPS, AND CERTAIN PLEDGES WERE

TRANSFERRED FROM THE RESEARCH FOUNDATION TO THE 49ER FOUNDATION AT THE

INCEPTION OF OPERATIONS. SOME ASSETS RELATED TO CAMPUS PROGRAM

Name of the organization CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number 95-6106694
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DONATIONS WERE RETAINED IN THE RESEARCH FOUNDATION UNTIL SPECIFIED OBLIGATIONS WERE SATISFIED. ONCE THE SPECIFIED OBLIGATIONS ARE SATISFIED, THE ASSETS ARE TRANSFERRED TO THE 49ER FOUNDATION IN THE YEAR THE OBLIGATION IS SATISFIED. IN ADDITION, THE RESEARCH FOUNDATION ADMINISTERED SEVERAL PHILANTHROPIC EVENTS ON BEHALF OF THE 49ER FOUNDATION DURING THE YEAR. THE PURPOSE OF THOSE EVENTS WAS TO GENERATE DONATIONS DESIGNATED FOR UNIVERSITY-RELATED USES. THE PROCEEDS NET OF ANY ASSOCIATED EXPENSES ARE TRANSFERRED TO THE 49ER FOUNDATION AFTER THE EVENT. DURING THE YEAR ENDED JUNE 30, 2018, THE RESEARCH FOUNDATION TRANSFERRED \$423,709 AND \$231,107 OF CASH RELATED TO OBLIGATIONS SATISFIED AND NET PROCEEDS FROM PHILANTHROPIC EVENTS TO THE 49ER FOUNDATION.

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■		





Part V Transactions With Related Organizations.

Note:					Yes	No
1						
a	(i)	(ii)	(iii)	(iv)	1a	
b					1b	
c					1c	
d					1d	
e					1e	
f					1f	
g					1g	
h					1h	
i					1i	
j					1j	
k					1k	
l					1l	
m					1m	
n					1n	
o					1o	
p					1p	
q					1q	
r					1r	
s					1s	

2	(a)	(b)	(c)	(d)
(1)				
(2)				
(3)				

**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 (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

