

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C		D Employer identification number		
	E		G Gross receipts \$		
	F		H(a)		
		H(b) Are all subordinates included? Yes No			
		H(c)			
I		J Website:			
K		L		M	

Activities & Governance	1			
	2			
	3	3		
	4	4		
	5	5		
	6	6		
	7 a	7a		
	b	7b		
	Revenue	8	Prior Year	Current Year
		9		
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
		Beginning of Current Year		

Paid Preparer Use Only			Check if self-employed	

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

1 Briefly describe the organization's mission:

Horizontal lines for describing 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. Section 501(c)(3) and 501(c)(4) only. Do not include expenses for the organization's total (Section 501(c)(3) and 501(c)(4) only).

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

Horizontal lines for describing program service accomplishments for 4a.

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

Horizontal lines for describing program service accomplishments for 4b.

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

Horizontal lines for describing program service accomplishments for 4c.

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

4e

**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A ~ ~ ~ ~ ~	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? ~ ~ ~ ~ ~	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ~ ~ ~ ~ ~		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ~ ~ ~ ~ ~	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ~ ~ ~ ~ ~		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I ~ ~ ~ ~ ~		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ~ ~ ~ ~ ~		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~ ~ ~ ~ ~	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ~ ~ ~ ~ ~		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V ~ ~ ~ ~ ~		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI ~ ~ ~ ~ ~	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ~ ~ ~ ~ ~		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ~ ~ ~ ~ ~		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX ~ ~ ~ ~ ~	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ~ ~ ~ ~ ~	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ~ ~ ~ ~ ~		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ~ ~ ~ ~ ~		X
14a Did the organization maintain an office, employees, or agents outside of the United States? ~ ~ ~ ~ ~		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ~ ~ ~ ~ ~		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ~ ~ ~ ~ ~		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ~ ~ ~ ~ ~		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I ~ ~ ~ ~ ~	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ~ ~ ~ ~ ~		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III ~ ~ ~ ~ ~		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ~ ~ ~ ~ ~		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ~ ~ ~ ~ ~		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ~ ~ ~ ~ ~	X	

		Yes	No
22			
23			
24a			
b			
c			
d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.		
b			
26			
27			
28			
a			
b			
c			
29			
30			
31			
32			
33			
34			
35a			
b			
36	Section 501(c)(3) organizations.		
37			
38	Note:		

		Yes	No
1a			
b			
c			
1c			

(continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~ 2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~~~~~	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? s-1-off "Yes-0-0-90-Tm0 Tm-rem3auner92.50 Receive any		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ~~~~~	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~	4a	
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~	5b	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~	6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ~~~~~	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ~~~~~	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~ 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~~~~~	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ~~~~~	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ~~~~~	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? ~~~~~	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~ 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders ~~~~~ 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~ 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ~~~~~	12a	
b	If "Yes," enter the amount of tax-exempt 8f at least 1 (If "Yes," enter the amount of tax-exemptr the amount mccru Tm (Did the organization receive 1098-C?) ~~~~~	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Note:	13a	
b			
c		13b	
		13c	
14a		14a	
b	If "No," provide an explanation on Schedule O	14b	
15		15	
16		16	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ~ ~ ~ ~ ~ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	10	
b	Enter the number of voting members included on line 1a, above, who are independent ~ ~ ~ ~ ~	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ~ ~ ~ ~ ~	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ~ ~ ~ ~ ~	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~ ~ ~ ~ ~	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? ~ ~ ~ ~ ~	5	X
6	Did the organization have members or stockholders? ~ ~ ~ ~ ~	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ~ ~ ~ ~ ~	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ~ ~ ~ ~ ~	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? ~ ~ ~ ~ ~	8a	X
b	Each committee with authority to act on behalf of the governing body? ~ ~ ~ ~ ~	8b	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ~ ~ ~ ~ ~	9	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? ~ ~ ~ ~ ~	10a	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ~ ~ ~ ~ ~	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 ~ ~ ~ ~ ~	12a	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~ ~ ~ ~ ~	12b	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ~ ~ ~ ~ ~	12c	
13	Did the organization have a written whistleblower policy? ~ ~ ~ ~ ~	13	
14	Did the organization have a written document retention and destruction policy? ~ ~ ~ ~ ~	14	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official ~ ~ ~ ~ ~	15a	
b	Other officers or key employees of the organization ~ ~ ~ ~ ~	15b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ~ ~ ~ ~ ~	16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ~ ~ ~ ~ ~	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed J
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records | _____



				(A)	(B)	(C)	(D)
1 a b c Noncash contributions included in lines 1a-1f				[Grey]	[Grey]	[Grey]	[Grey]
_____ _____ _____ _____	Business Code						
_____ _____ _____	Business Code						
Total revenue.							

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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.....

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~	4, 322, 359.	4, 322, 359.		
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 ~ ~ ~ ~ ~	321, 909.		321, 909.	
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 ~ ~ ~ ~ ~	19, 821, 835.	19, 821, 835.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	707, 184.	707, 184.		
9 Other employee benefits ~ ~ ~ ~ ~	5, 482, 930.	5, 482, 930.		
10 Payroll taxes ~ ~ ~ ~ ~				
11 Fees for services (nonemployees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~				
c Accounting ~ ~ ~ ~ ~				
d Lobbying ~ ~ ~ ~ ~	25, 000.	25, 000.		
e Professional fundraising services. See Part IV, line 17	25, 000.			25, 000.
f Investment management fees ~ ~ ~ ~ ~	98, 891.		98, 891.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4, 252, 785.	1, 915, 157.	2, 337, 628.	
12 Advertising and promotion ~ ~ ~ ~ ~	47, 897.	47, 897.		
13 Office expenses ~ ~ ~ ~ ~	1, 371, 109.	1, 371, 109.		
14 Information technology ~ ~ ~ ~ ~	461, 649.	461, 649.		
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~	1, 046, 853.	1, 046, 853.		
17 Travel ~ ~ ~ ~ ~	1, 106, 375.	1, 106, 375.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ~				
19 Conferences, conventions, and meetings ~ ~	60, 276.	60, 276.		
20 Interest ~ ~ ~ ~ ~	913, 859.	913, 859.		
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~	1, 142, 886.	1, 142, 886.		
23 Insurance ~ ~ ~ ~ ~	261, 560.	261, 560.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBI TAX	251.	251.		
b SPONSORED PROGRAM SUB-C	2, 870, 535.	2, 870, 535.		
c FURNITURE & EQUIPMENT	1, 194, 064.	1, 194, 064.		
d OTHER EXPENSES	347, 852.	347, 852.		
e All other expenses _____	258, 286.	258, 286.		
25 Total functional expenses. Add lines 1 through 24e	46, 141, 345.	43, 357, 917.	2, 758, 428.	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)

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 ~ ~ ~ ~ ~		1
	2 Savings and temporary cash investments ~ ~ ~ ~ ~		2
	3 Pledges and grants receivable, net ~ ~ ~ ~ ~		3
	4 Accounts receivable, net ~ ~ ~ ~ ~		4
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~ ~ ~ ~ ~		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ~ ~		6
	7 Notes and loans receivable, net ~ ~ ~ ~ ~		7
	8 Inventories for sale or use ~ ~ ~ ~ ~		8
	9 Prepaid expenses and deferred charges ~ ~ ~ ~ ~		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~	10a	
	b Less: accumulated depreciation ~ ~ ~ ~ ~	10b	10c
	11 Investments - publicly traded securities ~ ~ ~ ~ ~		11
	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 ~ ~ ~ ~ ~		15
16 Total assets. Add lines 1 through 15 (must equal line 33)		16	
Liabilities	17 Accounts payable and accrued expenses ~ ~ ~ ~ ~		17
	18 Grants payable ~ ~ ~ ~ ~		18
	19 Deferred revenue ~ ~ ~ ~ ~		19
	20 Tax-exempt bond liabilities ~ ~ ~ ~ ~		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D ~ ~ ~ ~		21
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~ ~ ~ ~ ~		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 ~ ~ ~ ~ ~		25
	26 Total liabilities.		26
Net Assets or Fund Balances	27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		27
	28		28
	29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.		29
	30		30
	31		31
	32		32
	33		33

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Part XI Reconciliation of Net Assets

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 32, 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 on Schedule O) ~ ~ ~ ~ ~	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		
2b	Were the organization's financial statements audited by an independent accountant? ~ ~ ~ ~ ~ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~ ~ ~ ~ ~ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ~ ~ ~ ~ ~		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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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.

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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 in86.06 Tidentification num section 170(b)(1)(A)(ix)

10

section 509(a)(2).

11

section 509(a)(4).

12

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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. Add lines 7 through 10						
12					12	
13 First five years.						

stop here

14	14	
15	15	

16a 33 1/3% support test - 2019.
stop here.

b 33 1/3% support test - 2018.
stop here.

17a 10% -facts-and-circumstances test - 2019.

stop here.

b 10% -facts-and-circumstances test - 2018.

stop here.

18 Private foundation.

Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						

(Subtract line 7c from line 6.)

(Add lines 9, 10c, 11, and 12.)

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only.		
c Substitutions only.		
6 If "Yes," provide detail in Part VI.		
7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a If "Yes," provide detail in Part VI.		
b If "Yes," provide detail in Part VI.		
c If "Yes," provide detail in Part VI.		
10a If "Yes," answer 10b below.		
b (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

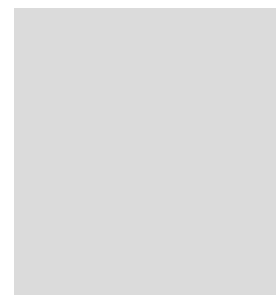
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Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, 28/3.30 722.7II, lines 1, 2, 3 6, 9r 17b; Part III, line 12; Part IV 722.78 V(Pine

Multiple horizontal lines for providing explanations.

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

exclusively

exclusively

exclusively

General Rule

nonexclusively

Caution:

must

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

(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
_____	_____ _____ _____	\$Person _____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash

Employer identification number

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

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	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	_____	_____	_____
	_____	_____	_____

(Form 990 or 990-EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

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

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

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

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

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

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

Name of organization Employer identification number

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule C (Form 990 or 990-EZ) 2019

RESEARCH FOUNDATION

95-6106694 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grassroots lobbying) ~~~~~														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) ~~~~~														
c	Total lobbying expenditures (add lines 1a and 1b) ~~~~~														
d	Other exempt purpose expenditures ~~~~~														
e	Total exempt purpose expenditures (add lines 1c and 1d) ~~~~~														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) ~~~~~														
h	Subtract line 1g from line 1a. If zero or less, enter -0- ~~~~~														
i	Subtract line 1f from line 1c. If zero or less, enter -0- ~~~~~														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	Yes	No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures			0.	

Schedule C (Form 990 or 990-EZ) 2019







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**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Schedule D (Form 990) 2019

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	48, 923, 257.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	2a	- 1, 233, 758.
	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	- 1, 233, 758.
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~	3	50, 157, 015.
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	98, 891.
	b Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b	
	c Add lines 4a and 4b ~ ~ ~ ~ ~	4c	98, 891.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	50, 255, 906.

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	46, 042, 454.
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	46, 042, 454.
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	98, 891.
	b Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b	
	c Add lines 4a and 4b ~ ~ ~ ~ ~	4c	98, 891.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	46, 141, 345.

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:

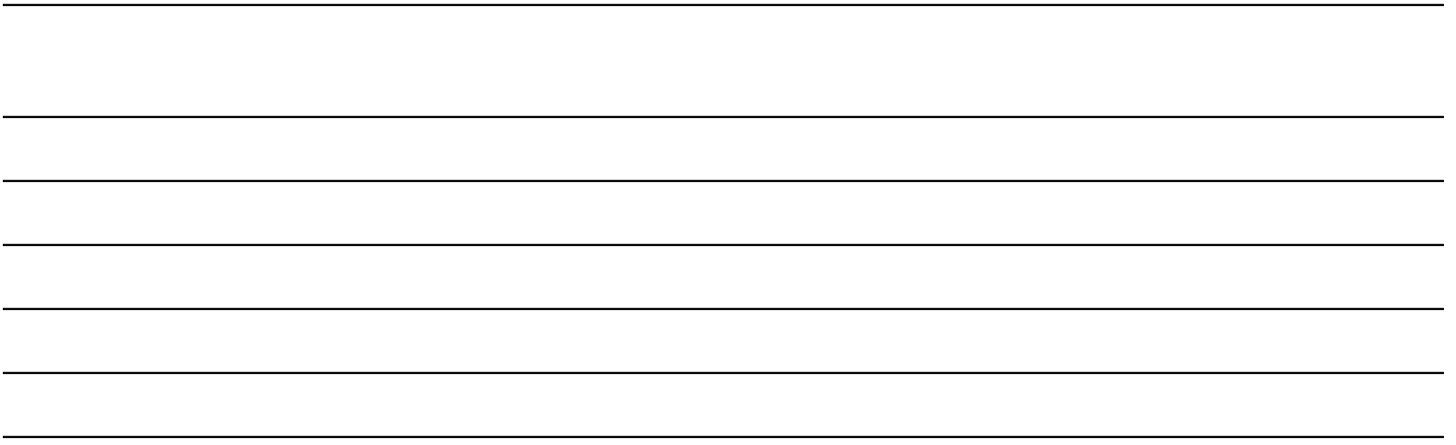
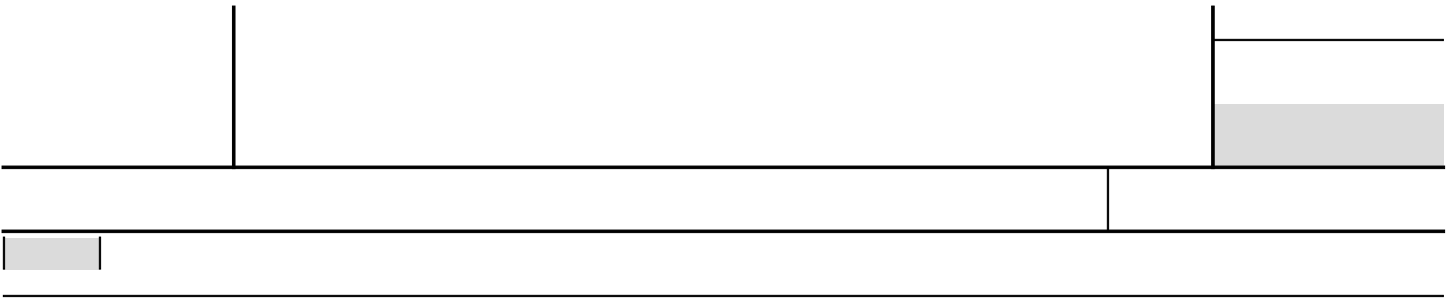
THE RESEARCH FOUNDATION'S COLLECTION ITEMS ARE MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL RESEARCH AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION 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. AN ART

COLLECTION VALUED AT \$350,000 WAS DONATED IN THE JUNE 30, 2020 YEAR END.

THERE WERE NO DONATED COLLECTION ITEMS FOR THE JUNE 30, 2019 YEAR END.

Series of horizontal lines for supplemental information.





**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Schedule I (Form 990) (2019)

95- 6106694

Page 2

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 2019- 20.

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

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, 00Cst be r2el1 0 0 1 40.106Tm 690 Tm (Note: Tstrsum ofenslumns) Tj and -)

Note:

(A)	(B)			(C)	(D)	(E)	(F)
	(i)	(ii)	(iii)				
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Part I Bond Issues

(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)		(i)	
						Yes	No	Yes	No	Yes	No
A											
B											
C											
D											

Part II Proceeds

	A		B							

**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	N/A		N/A		N/A		N/A	
c Term of hedge								
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?		X		X		X		X
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	N/A		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		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		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		X

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

SCHEDULE K, PART I, BOND ISSUES:

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

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

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

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

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public
Inspection

Name of the organization

Employer identification number

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art ~ ~ ~ ~ ~				
2 Art - Historical treasures				
3 Art - Fractional interests				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25 31 - 7M 223.70 299bnEe B0.35 w 8.50 m46o w 0.0 g 223.Tj1 0 0 1 38.18 216.14 Tm (30othamo0 m46 151.70 599.1 0 0 1 334.0 1 38.18 383.90 Tm (1hn1.70				
26				
27				
28				

29

	Yes	No
30a		
b		
31		
32a		
b		
33		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE VALUE REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

Multiple horizontal lines for data entry.

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 MARCH 2020 ADDENDUM TO THE BYLAWS ADDED THE CHIEF OPERATING OFFICER AND
A DEAN OF COLLEGE AS VOTING BOARD MEMBERS. THE DEAN BEGAN THEIR TERM ON
7/1/20.**

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

**A SUBCOMMITTEE OF DIRECTORS, THE AUDIT COMMITTEE, REVIEWS THE FORM 990
PRIOR TO SUBMITTING TO IRS. BEFORE FILING THE FORM 990, A FINAL COPY OF THE
RETURN IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS.**

FORM 990, PART VI, SECTION B, LINE 12C:

**EACH FISCAL YEAR, ALL INDIVIDUALS IN DESIGNATED POSITIONS ARE REQUIRED TO
SIGN THE FOUNDATION "CONFLICT OF INTEREST POLICY" AND THE "CONFLICT OF
INTEREST DECLARATION".**

**A REVIEW OF ALL REPORTED CONFLICTS OF INTEREST WILL BE CONDUCTED. THE
REVIEW COMMITTEE SHALL CONSIST OF THE CHIEF OPERATING OFFICER AND THE CHIEF
FINANCIAL OFFICER. IN THE EVENT AN INDIVIDUAL OCCUPYING ONE OF THE
AFOREMENTIONED POSITIONS REPORTS A CONFLICT OF INTEREST, ANOTHER FOUNDATION**

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

Employer identification number
95- 6106694

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**

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

Employer identification number
95-6106694

FORM 990, PART VI, SECTION C, LINE 19:

THE TAX EXEMPT APPLICATION, DETERMINATION LETTER, ARTICLES OF

Multiple horizontal lines for text entry.



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**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Schedule R (Form 990) 2019

95- 6106694 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMINDER UNITRUSTS (2)		CA		TRUST					X
CHARITABLE LEAD UNITRUSTS (2)		CA		TRUST					X
CHARITABLE GIFT ANNUITIES (22)		CA		TRUST					X

**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ~ ~ ~ ~ ~		X
b Gift, grant, or capital contribution to related organization(s) ~ ~ ~ ~ ~		X
c Gift, grant, or capital contribution from related organization(s) ~ ~ ~ ~ ~	X	
d Loans or loan guarantees to or for related organization(s) ~ ~ ~ ~ ~		X
e Loans or loan guarantees by related organization(s) ~ ~ ~ ~ ~		X
f Dividends from related organization(s) ~ ~ ~ ~ ~		X
g Sale of assets to related organization(s) ~ ~ ~ ~ ~		X
h Purchase of assets from related organization(s) ~ ~ ~ ~ ~		X
i Exchange of assets with related organization(s) ~ ~ ~ ~ ~		X
j Lease of facilities, equipment, or other assets to related organization(s) ~ ~ ~ ~ ~	X	
k Lease of facilities, equipment, or other assets from related organization(s) ~ ~ ~ ~ ~		X
l Performance of services or membership or fundraising solicitations for related organization(s) ~ ~ ~ ~ ~		X
m Performance of services or membership or fundraising solicitations by related organization(s) ~ ~ ~ ~ ~		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) ~ ~ ~ ~ ~	X	
o Sharing of paid employees with related organization(s) ~ ~ ~ ~ ~	X	
p Reimbursement paid to related organization(s) for expenses ~ ~ ~ ~ ~	X	
q Reimbursement paid by related organization(s) for expenses ~ ~ ~ ~ ~	X	
r Other transfer of cash or property to related organization(s) ~ ~ ~ ~ ~	X	
s Other transfer of cash or property from related organization(s) • • • • •	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Schedule R (Form 990) 2019

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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) 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	

Schedule R (Form 990) 2019

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Ruled area for supplemental information with multiple horizontal lines.