

Department of the Treasury
Internal Revenue Service

Check if applicable:
Address change
Name change
Initial return
Final return/terminated

Form section for return information, including fields for address, name, and return status.

Table section with multiple rows and columns for reporting details.

Check if self-employed

Form section at the bottom for summary information and self-employment status.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SERVES THE MISSION OF THE UNIVERSITY BY SUPPORTING AND ENGAGING IN
RESEARCH, ENTREPRENEURSHIP, COMMUNITY SERVICE, SPONSORED PROGRAMS AND
THE ACQUISITION OF PRIVATE RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? ~~~~~ 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) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 47,807,774. including grants of \$ 4,379,066.) (Revenue \$ _____)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses | _____

		Yes	No
1	If "Yes," complete Schedule A	1	
2	Schedule B, Schedule of Contributors	2	
3	If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. If "Yes," complete Schedule C, Part II	4	
5	If "Yes," complete Schedule C, Part III	5	
6	If "Yes," complete Schedule D, Part I	6	
7	If "Yes," complete Schedule D, Part II	7	
8	Schedule D, Part III	8	
9	If "Yes," complete Schedule D, Part IV	9	
10	If "Yes," complete Schedule D, Part V	10	
11			
a	Part VI	11a	
b	If "Yes," complete Schedule D, Part VII	11b	
c	If "Yes," complete Schedule D, Part VIII	11c	
d	If "Yes," complete Schedule D, Part IX	11d	
e	If "Yes," complete Schedule D, Part X	11e	
f	If "Yes," complete Schedule D, Part X	11f	
12a	Schedule D, Parts XI and XII	12a	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
13	If "Yes," complete Schedule E	13	
14a		14a	
b		14b	
15		15	
16		16	
17		17	
18		18	
19		19	

(continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions such as 'Enter the number reported in Box 3 of Form 1096', 'Did the organization comply with backup withholding rules', and 'Sponsoring organizations maintaining donor advised funds'.

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

		Yes	No
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b			
2			
3			
4			
5			
6			
7a			
b			
8	If "Yes," provide the names and addresses in Schedule O (This Section B requests information about policies not required by the Internal Revenue Code.)		
a			
b			
9			

		Yes	No
10a			
b			
11a			
b			
12a	If "No," go to line 13		
b			
c	If "Yes," describe in Schedule O how this was done		
13			
14			
15			
a			
b			
16a			
b			

17 _____
 18 _____
 19 (explain in Schedule O)
 20 _____

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

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

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

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

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

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

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ~~~~~							1,556,786.	1,389,106.	618,683.	
c Total from continuation sheets to Part VII, Section A ~~~~~							0.	0.	0.	
d Total (add lines 1b and 1c)							1,556,786.	1,389,106.	618,683.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 13

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ~~~~~		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ~~~~~	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 0

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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 ~~~~~	7,250.	1	6,500.	
	2 Savings and temporary cash investments ~~~~~	1,626,944.	2	1,930,868.	
	3 Pledges and grants receivable, net ~~~~~	9,867,421.	3	8,149,509.	
	4 Accounts receivable, net ~~~~~	16,519,899.	4	16,540,348.	
	5 Loans and other receivables from current and 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 ~~~~~	143,548.	9	99,667.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~	10a 51,771,444.			
	b Less: accumulated depreciation ~~~~~	10b 15,117,905.	37,799,172.	10c	36,653,539.
	11 Investments - publicly traded securities ~~~~~	29,352,818.	11	29,169,098.	
	12 Investments - other securities. See Part IV, line 11 ~~~~~		12		
	13 Investments - program-related. See Part IV, line 11 ~~~~~		13		
	14 Intangible assets ~~~~~		14		
	15 Other assets. See Part IV, line 11 ~~~~~	8,139,283.	15	8,349,398.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	103,456,335.	16	100,898,927.		
Liabilities	17 Accounts payable and accrued expenses ~~~~~	3,852,254.	17	4,861,357.	
	18 Grants payable ~~~~~		18		
	19 Deferred revenue ~~~~~	4,621,317.	19	5,012,051.	
	20 Tax-exempt bond liabilities ~~~~~	31,508,678.	20	30,224,609.	
	21 Escrow or custodial account liability. Complete 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 ~~~~~	21,618,593.	25	22,136,196.	
	26 Total liabilities. Add lines 17 through 25	61,600,842.	26	62,234,213.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets ~~~~~	4,254,000.	27	2,365,307.	
	28 Temporarily restricted net assets ~~~~~	37,601,493.	28	36,299,407.	
	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 ~~~~~	41,855,493.	33	38,664,714.		
34 Total liabilities and net assets/fund balances	103,456,335.	34	100,898,927.		

Form 990 (2016)

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

1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~	1	
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~	2	
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~	4	
5	Net unrealized gains (losses) on investments ~~~~~	5	
6	Donated services and use of facilities ~~~~~	6	
7	Investment expenses ~~~~~	7	
8	Prior period adjustments ~~~~~	8	
9	Other changes in net assets or fund balances (explain in Schedule O) ~~~~~	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	

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

		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a			
b			
c			
3a			
b			

(Form 990 or 990-EZ)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
| Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Name of the organization

Employer identification number

- 1 section 170(b)(1)(A)(i).
- 2 section 170(b)(1)(A)(ii).
- 3 section 170(b)(1)(A)(iii).
- 4 section 170(b)(1)(A)(iii).
- 5
- 6 section 170(b)(1)(A)(iv).
- 7 section 170(b)(1)(A)(v).
- 8 section 170(b)(1)(A)(vi).
- 9 section 170(b)(1)(A)(vi).
- 10 section 170(b)(1)(A)(ix)

- 11 section 509(a)(2).
- 12 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. 1111b)(1)(A)(i).

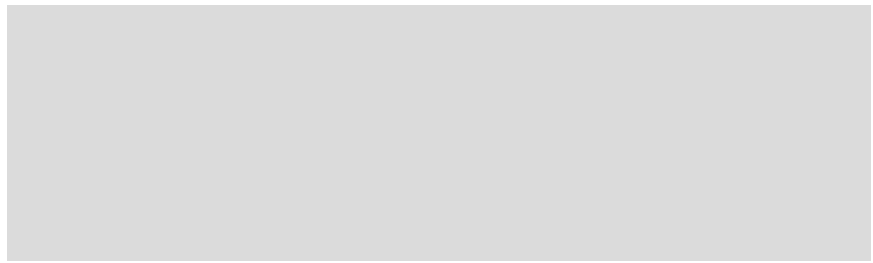
d

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)



(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 _____ 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 _____ 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 _____ 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 _____ what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in _____ how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in _____ 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 _____ 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 _____		
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 _____		
b _____ If "Yes," provide detail in _____		
c _____ If "Yes," provide detail in _____		
10a _____ If "Yes," answer 10b below.		
b _____ (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

		Yes	No
11			
a			
	11a		
b			
	11b		
c			
	11c		

		Yes	No
1			
	1		
2			
	2		

		Yes	No
1			
	1		

		Yes	No
1			
	1		
2			
	2		
3			
	3		

		Yes	No
1			
a			
b			
c			
2			
a			
	2a		
b			
	2b		
3			
a			
	3a		
b			

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		

Part VI

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

Multiple horizontal lines for supplemental information.

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



(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash
_____	_____ _____ _____	_____	Person Payroll Noncash

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		\$ 5,956,076.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
8		\$ 2,486,100.	Person <input checked="" type="checkbox"/> X Payroll Noncash (Complete Part II for noncash contributions.)
9		\$ 1,073,953.	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.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. (e) and For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)

Main grid area with multiple rows and columns for data entry, containing horizontal lines for text.

(Form 990 or 990-EZ)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

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

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

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

Employer identification number

1
2
3

1
2
3
4a
b

Yes No
Yes No

1
2
3
4
5

Form 1120-POL

Yes No

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) ~~~~~														
b	Total lobbying expenditures to influence a legislative body (direct lobbying) ~~~~~														
c	Total lobbying expenditures (add lines 1a and 1b) ~~~~~														
d	Other exempt purpose expenditures ~~~~~														
e	Total exempt purpose expenditures (add lines 1c and 1d) ~~~~~														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <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 c24t,j 1 0 0 1 58.10 588.1 \$1,500,000.														
h															
i															
j															

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
	(a)	(b)	(c)	(d)	(e)
2a					
b					
c					
d					
e					
f					

	(a)		(b)
	Yes	No	Amount
1			
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
2a			
b			
c			
d			

	Yes	No
1	11	
2		
3		

(Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for works of art and historical treasures, and revenue/asset amounts for collections.

██████████

██████████

██████████

██████████

████████████████████

██

1						1	
2							
a					2a		
b					2b		
c					2c		
d					2d		
e	2a	2d				2e	
3	2e		1			3	
4							
a					4a		
b					4b		
c	4a	4b				4c	
5			3	4c		5	

1						1	
2							
a					2a		
b					2b		
c					2c		
d					2d		
e	2a	2d				2e	
3	2e		1			3	
4							
a					4a		
b					4b		
c	4a	4b				4c	
5			3	4c		5	

Part XIII Supplemental Information (continued)

MARKET VALUE OF DONATED COLLECTION ITEMS WAS APPROXIMATELY \$353,000 AND
\$42,000 FOR THE YEARS ENDED JUNE 30, 2017 AND 2016, RESPECTIVELY.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
| Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2016

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **CAley-RNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION** Employer identification number **95-6106694**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KKJZ FUNDRAISING, INC - 6300 STATE UNIVERSITY DRIVE, #332,	FUNDRAISING - KJAZZ RADIO STATION		X	1,162,680.	25,000.	1,137,680.
QTEGO - 5636 W 74TH STREET, INDIANAPOLIS, IN 46278	SILENT LIVE AUCTION - JEWELS OF THE NIGHT		X	167,104.	7,500.	159,604.
Total				1,329,784.	32,500.	1,297,284.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
CA,CT,DC,GA,HI,KY,LA,MI,MO,NH,NJ,NC,ND,RI,SC,TN,VA,WV,DE,FL,IA,MT,NE,NV
SD,TX,VT,WY

CALIFORNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

95-6106694

Page 2

Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		HOSP MNGT & GOLF TOURNAM (event type)	JEWELS OF THE NIGHT (event type)	3 (total number)		
Revenue	1	Gross receipts ~~~~~	100,693.	196,342.	133,026.	430,061.
	2	Less: Contributions ~~~~~	39,896.	29,238.	10,507.	79,641.
	3	Gross income (line 1 minus line 2) ****	60,797.	167,104.	122,519.	350,420.
Direct Expenses	4	Cash prizes ~~~~~				
	5	Noncash prizes ~~~~~				
	6	Rent/facility costs ~~~~~	12,310.	23,441.	800.	36,551.
	7	Food and beverages ~~~~~		18,697.	52,796.	71,493.
	8	Entertainment ~~~~~				
	9	Other direct expenses ~~~~~	34,001.	44,653.	33,309.	111,963.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ~~~~~				220,007.
11	Net income summary. Subtract line 10 from line 3, column (d)				130,413.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes ~~~~~			
Direct Expenses	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)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? ~~~~~ Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ~~~~~ Yes No
 b If "Yes," explain: _____

11 Yes No
 12 Yes No
 13
 a 13a
 b 13b
 14

15a Yes No
 b
 c

16

17
 a Yes No
 b

Supplemental Information.

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Etc., Form 990

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

| Attach to Form 990.

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

OMB No. 1545-0047

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) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ~~~~~ | _____

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

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

Schedule I (Form 990) (2016)

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

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 2016-17.

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.
| Information about Schedule J (Form 990) and its instructions is at

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

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

- 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 ~~~~~

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? ~~~~~

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------|-------------------------------------------------|
| Compensation committee | Written employment contract |
| Independent compensation consultant | Compensation survey or study |
| Form 990 of other organizations | Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b
- c

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5

- a
- b

6

- a
- b

7

8

9

	Yes	No
1b		
2		
4a		
4b		
4c		
5a		
5b		
6a		
6b		
7		
8		
9		

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

95-6106694

Schedule J (Form 990) 2016

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

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

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

(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. P3um55F172 8.00 Tf1 0 0 48 0 0 NOLEYTf1 0 0 1 176.90 578.50 Tm 284SEAR.06 58 4o80 801i0y 5726.90 578.50 Tm LIFORNIA ST8 0 0 NOLEYTf1 0 0 1 176.90 578.5	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(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 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.

Part III Private Business Use

3a	A		B		C		D	

—

—

—

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

Multiple horizontal lines for data entry.

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 B, LINE 11B:

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

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

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

A REVIEW OF ALL REPORTED CONFLICTS OF INTEREST WILL BE CONDUCTED. THE
REVIEW COMMITTEE SHALL CONSIST OF THE CHIEF OPERATING OFFICER AND THE CHIEF
FINANCIAL OFFICER. IN THE EVENT AN INDIVIDUAL OCCUPYING ONE OF THE
AFOREMENTIONED POSITIONS REPORTS A CONFLICT OF INTEREST, ANOTHER FOUNDATION
CENTRAL OFFICE DIRECTOR SHALL BE SUBSTITUTED FOR PURPOSES OF THE REVIEW OF
THAT REPORTED CONFLICT OF INTEREST. THE COMMITTEE SHALL REVIEW ALL RELEVANT
INFORMATION AND ADVISE THE CHIEF EXECUTIVE OFFICER IF A CONFLICT EXISTS.
ADDITIONALLY, THE REVIEW COMMITTEE SHALL ADVISE THE CHIEF EXECUTIVE OFFICER
ON HOW CONFLICTS MIGHT BE MANAGED OR RESOLVED. THE COMMITTEE SHALL REPORT

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

ONE OF THE FOLLOWING FINDINGS TO THE CHIEF EXECUTIVE OFFICER:

THE REPORTED CONFLICT OF INTEREST WAS FOUND TO BE:

- PERMISSIBLE SINCE THE DISCLOSED INFORMATION DOES NOT REPRESENT A POSSIBLE SOURCE OF BIAS OR INAPPROPRIATE ACTIVITY; OR
- PERMISSIBLE WITH MODIFICATIONS AIMED AT AVOIDING BIAS OR INAPPROPRIATE ACTIVITIES; OR
- INCONSISTENT WITH FOUNDATION POLICY AND THUS NOT PERMISSIBLE.

THE CHIEF EXECUTIVE OFFICER SHALL ISSUE A DECISION WHICH DESIGNATES AN ACTIVITY AS PERMISSIBLE, PERMISSIBLE WITH CERTAIN CLEARLY SPECIFIED CONDITIONS, OR NOT PERMISSIBLE.

FORM 990, PART VI, SECTION B, LINE 15:

WHEN DETERMINING THE SALARY OF KEY EMPLOYEES, THE FOUNDATION CONSULTS ON WAGE AND SALARY INFORMATION FROM A VARIETY OF SOURCES WHICH INCLUDE, BUT ARE NOT LIMITED TO: THE ANNUAL AUXILIARY ORGANIZATION ASSOCIATION (AOA) COMPENSATION SURVEY, THE PREVAILING CALIFORNIA STATE UNIVERSITY, LONG BEACH SALARY RATE AND MARKET VALUE ASSOCIATED WITH THE SAME/SIMILAR POSITIONS WITHIN THE SAME GEOGRAPHIC AREA. KEY EMPLOYEE SALARIES ARE THEN APPROVED BY THE MOST SENIOR LEVEL WITHIN THE FOUNDATION AND/OR THE PRESIDENT/VICE PRESIDENT DEPENDING UPON THE POSITION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,CT,DC,GA,HI,KY,LA,MS,MO,NH,NJ,NC,ND,RI,SC,TN,VA,WV

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

THE TAX EXEMPT APPLICATION, DETERMINATION LETTER, ARTICLES OF

Name of the organization	CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number	95-6106694
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INCORPORATION, BY-LAWS, AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION
UPON REQUEST AT OUR MAIN OFFICE.

FORM 990, PART VI, LINE 14

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTUAL SERVICES:

PROGRAM SERVICE EXPENSES	2,109,525.
MANAGEMENT AND GENERAL EXPENSES	1,805,298.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,914,823.

CAPITAL CONSTRUCTION CONTRACT:

PROGRAM SERVICE EXPENSES	417,868.
MANAGEMENT AND GENERAL EXPENSES	1,531,664.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,949,532.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 5,864,355.

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

TRANSFER OF NET POSITION TO CSULB 49ER FOUNDATION	-1,365,743.
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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

Name of the organization CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number 95-6106694
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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 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 WERE 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, 2017, THE RESEARCH FOUNDATION TRANSFERRED \$1,365,743 OF CASH RELATED TO OBLIGATIONS SATISFIED AND NET PROCEEDS FROM PHILANTHROPIC EVENTS TO THE 49ER FOUNDATION.



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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	(g)	(h) Disproportionate allocations?		(i)	(j) General or managing partner?		(k)
							Yes	No		Yes	No	

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

(a)	(b)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g)	(h)	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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.

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 ~~~~~
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f
- g
- h
- i
- j

- k
- l
- m
- n
- o

- p
- q

- r
- s

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2	(a)	(b)	(c)	(d)
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

Table with 11 main columns: (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.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part VII Supplemental Information.

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

Lined area for supplemental information with 21 horizontal lines.