		PUB	LIC DISCLOSURE COPY - STATE REGISTRAT	ION NO. CT-105	-				
	0	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047				
Forr	Form 990 Form Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation								
Depa	rtment o	of the Treasury	Do not enter Social Security numbers on this form as it may		Open to Public				
		nue Service	► Information about Form 990 and its instructions is at www		Inspection				
<u>A</u> F	or the			JŬN 30, 2014					
B C a	heck if			D Employer identifica	ation number				
	applicable. CALIFORNIA STATE UNIVERSITY LONG BEACH Change RESEARCH FOUNDATION								
	_chang]Name			95_61	06694				
	_Ireturn Termir		STATE UNIVERSITY DR. EAST 332		985-5537				
	Jated JAmeno Jreturn	dad	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	45,507,475.				
			BEACH, CA 90815	H(a) Is this a group ret					
	pendir		nd address of principal officer:MARY STEPHENS	for subordinates?					
			AS C ABOVE	H(b) Are all subordinates incl					
ΙT	ax-exe	empt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		st. (see instructions)				
			FOUNDATION.CSULB.EDU	H(c) Group exemption					
			X Corporation I Trust Association Other ► L Y	ear of formation: 1956 M	State of legal domicile: CA				
Pa									
ě	1	Briefly describ	be the organization's mission or most significant activities: SUPPORTI	NG RESEARCH, C	OMMUNITY				
Activities & Governance			, ENTREPRENEURSHIP, AND SPONSORED PRO						
'ern			In ► L if the organization discontinued its operations or disposed of n						
<u>g</u>			ting members of the governing body (Part VI, line 1a)		9				
80			dependent voting members of the governing body (Part VI, line 1b)		1464				
ties			of individuals employed in calendar year 2013 (Part V, line 2a)		90				
živi			of volunteers (estimate if necessary)		0.				
Ă			business taxable income from Form 990-T, line 34		<u> </u>				
		Net uniciated		Prior Year	Current Year				
•	8	Contributions	and grants (Part VIII, line 1h)	40,125,988.	32,205,749.				
nue			ice revenue (Part VIII, line 2g)	8,319,325.	11,294,096.				
Revenue		-	come (Part VIII, column (A), lines 3, 4, and 7d)	283,993.	704,751.				
œ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,575.	-12,058.				
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,860,881.	44,192,538.				
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	3,518,849.	3,751,987.				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.				
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	26,220,804.	23,716,965.				
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \rightarrow 329,158.	25,000.	35,390.				
Ř					10 400 724				
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	24,558,466. 54,323,119.	18,488,734. 45,993,076.				
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	-5,462,238.	-1,800,538.				
es	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	113,779,164.	107,623,045.				
Ass Ba	21		; (Part X, line 26)	63,533,021.	62,212,714.				
Net -unc	22		fund balances. Subtract line 21 from line 20	50,246,143.	45,410,331.				
	nrt II	Signatur		· · ·	<u> </u>				
Unde	er pena	Ities of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my l	knowledge and belief, it is				
true,	correc	t, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.					
Sigr	n	· ·	e of officer	Date					
Hor	~	IN MARY	STEPHENS CEO						

Here	MARY STEPHENS, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	DONITA M. JOSEPH			self-employed P00286656				
Preparer	Firm's name WINDES, INC. Firm's EIN 95-3001179							
Use Only	Firm's address P.O. BOX 87							
	LONG BEACH, CA 90801 Phone no.562-435-1191							
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No				
				000				

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Form	CALIFORNIA STATE UNIVERSITY LONG BEACH n 990 (2013) RESEARCH FOUNDATION 95-6106	694	Page
Par	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	. [
1	Briefly describe the organization's mission:		
	SERVES THE MISSIONS OF THE UNIVERSITY BY SUPPORTING AND ENGAGING		
	RESEARCH, ENTREPRENEURSHIP, COMMUNITY SERVICE, SPONSORED PROGRAM	MS AN	1D
	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	X
	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	X
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exercisin 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	-	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 41,746,750. including grants of \$ 3,751,987.) (Revenue \$ 11,7 ADMINISTER GRANTS FROM GOVERNMENTAL AND PRIVATE AGENCIES AND TO	294,0 ACCE)96 [P]
	DONATIONS FROM 49ER FOUNDATION FOR ACTIVITIES RELATED TO THE		
	UNIVERSITY. THE ENTITY ALSO MANAGES INVESTMENTS FROM CHARITABLE		
	CONTRIBUTIONS FOR USE IN SCHOLARSHIPS AND OTHER UNIVERSITY ACTIV	VITIF	S.
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 41,746,750.		
32002	12	Form 99)0 (2
0-29-	-13		
_	2		_
51	.117 794084 01292 2013.04030 CALIFORNIA STATE UNIVERSITY	0129	2_

Form 990 (2013)

Part IV Checklist of Required Schedules

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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	5		х
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	6		Х
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	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	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
L	Schedule D, Parts XI and XII	12a	X	
a	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	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b	Х	
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	15		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	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	27	
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
				(0.01.0)

332003 10-29-13

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Form **990** (2013)

Form 990 (2013) RESEARCH FOUNDATIC

CALIFORNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

95-6106694 Page 4

	rganization report more than \$5,000 of grants or other assistance to any domestic organization or			
govennine	ent on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	х	
	rganization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23 Did the of and forme	rganization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current er officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete</i>	23	x	
24a Did the or last day o	rganization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete or K. If "No", go to line 25a	24a	x	
c Did the o	rganization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 24c		x x
	xempt bonds? rganization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		X
25a Section S	501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a ed person during the year? If "Yes," complete Schedule L, Part I	25a		x
-	anization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and ransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete b L, Part I	25b		x
former of	rganization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or ficers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, Schedule L, Part II	26		x
contribute	rganization provide a grant or other assistance to an officer, director, trustee, key employee, substantial or or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28 Was the o instructio	organization a party to a business transaction with one of the following parties (see Schedule L, Part IV ns for applicable filing thresholds, conditions, and exceptions):	00-		x
	or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> nember of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b		X
c An entity	of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280 28c		x
	rganization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
	rganization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ions? If "Yes," complete Schedule M	30		x
	rganization liquidate, terminate, or dissolve and cease operations? complete Schedule N, Part I	31		x
Schedule	rganization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete N, Part II	32		x
sections	rganization own 100% of an entity disregarded as separate from the organization under Regulations 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
Part V, lin		34	х	
	rganization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
within the	o line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity e meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
If "Yes," o	501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? complete Schedule R, Part V, line 2	36		x
	rganization conduct more than 5% of its activities through an entity that is not a related organization is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
	rganization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

Form **990** (2013)

332004 10-29-13

CALIFORNI	LA STATI	E UNIVERSITY	LONG	BEACH
RESEARCH	FOUNDAT	TION		

1 Enter the number reported in Box 3 of Form 1096. Enter 0: If not applicable 1s 378 1 Enter the number of Forms W 26 included in line 1a. Enter 0: If not applicable 1s 0 2 Difference 1s 0 0 2 Enter the number of Forms W 26 included in line 1a. Enter 0: If not applicable 1s 1s 0 2 Enter the number of Forms W 26 included in line 1a. Enter 0: If not applicable 1s 1s 1s 2 Enter the number of enterphyses reported on Form W 3. Transmittal of Wage and Tax Statements. 2a 14664 8 If the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3 Diff any time of the organization have an interest in, or a signature or other authority over, a financial accounti? 3a X 4 A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accounti? 5a X 54 Was the organization in bake acount, securities account, or other financial accounti? 5a X 55 Was the organization in the organ cazon the fine organization site active as organizatin acother authority over, a financial accounti?	Par	tt 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				
b Inter the number of Forms W2G included in line 1a. Enter 0-If not applicable Inter 10 Inter 10 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to pizze winners? Inter X 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, (za) 14.6.4 3b Did the organization ing with or within the year overed by this return (za) 1.4.6.4 3c Did the organization have uncluded business gross income of \$1.000 or more during the year? 3a X 3c Did the organization have unclude Outsiness gross income of \$1.000 or more during the year? 3a X 3c Did the organization have unclude Outsiness gross income of \$1.000 or more during the year? 3a X 3d Did the organization have an interest in, or a signature or other authorty ore, a financial accounts. 5a X 5d Was the organization aptity to a prohibited tax shaft financial accounts. 5a X 5d If Yes, 'i did the organization have an orbithylowing the tax year? 5a X 5d If Yes, 'i did the organization have an orbithylowing the tax year? 5a X					Yes	No
b Enter the number of Forms W-20 included in line 1a. Enter 0-if not applicable Ib 0 20 Didt be organization comply with backup withholding rules for reportable payments to vendors and reportable gaming fragmenting winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, to a simulation of an ployees reported on line 2a, did the organization field are level and the field is enterturbance. 1a 14.6.4 X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have an interest in, or a signature or other authority over, a financial accounts for filing organization have an interest in, or a signature or other authority over, a financial accounts for filing organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5a Was the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible as chartable contributions? 5a X 5a U'Yes, '' other day and the very solicitation are express statement that such contribution organization file form B88-7? 5a X 5a U'Yes, ''	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	378			
b Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming in the call of the organization the age of the organization the squar covered by this return. 14 64 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, theid for the calendar year ending with or within the year covered by this return. 14 64 2b If all east on is reported on the 2A, dit the organization file all exploying the texture. 2a X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to the file (see instructions). 3a X 3b Dit the organization have unreplanted business gross incore of 51 (bod) or more during the year? 3a X 4 At any time the harms of the foreign country. See instructions or filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a X 50 Dot any stable party northy the organization that any transaction at any time during the tax year? 5a X 61 Dot any stable party northy the organization that any or sing party to a prohibute during the state and the organization that any or sing party on the state organization have enable of the organization and that any or sing party of the organization neable with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 10 11 **s, ' tod the organization neable sto the state pa			0			
2a Ener 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 14 6 4 2 b If at least on is reported on Inter 2, and the organization in all required federal employment tax returns? 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to <i>C</i> -file (see instructions) 3a X b If the organization have unmiddle business greas increme of 10, 000 or more during the year? 3a X b If the organization have unmiddle business greas increme of 10, 000 or more during the year? 3a X b If the organization have unmiddle business greas increme of 10, 000 or more during the year? 3a X b If the organization have an interest in, or a signature or other authority over, a financial account; 5a X b If the organization have more and provide a pathyto the organization have an twas or is a party to a prohibited tax sheter transaction? 5a X b If the organization have annual grees neceling that are or orally greater than \$100,000, and did the organization have annual grees neceling that are orally greater than \$100,000, and did the organization have annual grees neceling the presonal property for which that such contributions or gitts are orally dreater than \$100,000, and did the organization have any called endipse that are orally greater than \$100,000, and did the organization have any called endipse perinoral property for which that such contributio	с		le gaming			
till for the calendar year ending with or within the year covered by this return 2a 14654 b fit at least one is reported on line 2a, did the organization file all required federal emplyment tax returns? 2b X Mote, if the sum of lines 1a and 2a is greater than 250, you may be required to <i>e He</i> (see instructions) 3a 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c Twis, 'a financial account is a foreign about the organization have an interest in, or a signature or other authority over, a financial account? 3a X 3c Was the organization any to a prohibited tax sheler transaction at any time during the tax year? 5a X 5a Was the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solid accounts. 5a X 5a If Yes,' id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 7b Organization shat may receive deductible contributions and early for goods and services provided to the paragraphic the value of the value of the organization nolity the dorn or the value of the organization nolity the dorn or the value of the organization nolity the dorn or the value of the organization sequence or the value of the organization nolity the dorn or the value of the organization nolity the dorn or the value of the organization nolity the dorn or the value of the organization nolity the dorn or the value of the org		(gambling) winnings to prize winners?		1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to d-life (see instructions) 3a X b Ut the organization have undired to buries gross income of 15, 000 or more during the year? 3a X b If Yes, 'hast if field a form 900-T for this year? If 'No, 'to line 3b, provide an explanation in Schedule O 3a X b If Yes, 'hast if field a form 900-T for this year? If 'No, 'to line 3b, provide an explanation of the realthority over, a financial account)? 4a X b If Yes, 'hast if the dargenization have an inferest in, or a signature or other authority over, a financial account)? 4a X b If Yes, 'to line 5a or 5b, did the organization file Form 8886-T? 5c X c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization set weak doubtible? 5b X b If Yes, 'to did the organization neith ewer solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7c X c Did the organization neither away and the organization file Form 8820-Ti file goods or services provided? 7a X d If Yes, 'did the organization file Form 8806-Ti file form 8200-Ti file fole goods and services provided to the papri? 7a X <td>2a</td> <td>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</td> <td></td> <td></td> <td></td> <td></td>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a bit the organization have unrelated basiness gross income of \$1,000 or more during the year? 3a 3b bit "res," has tifted a Form 900-17 tor this year? 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority year, a financial account; so counts as bank account, so criter financial account; 3a bit "res," enter the name of the foreign country. ★ 5a X See instructions for filing requirements for Form 1D F 90-221. Report of Foreign Bank and Financial Accounts. 5a X bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X bit any taxable party notify the organization in Form 880-71 5a X c) If "Se," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible form 880-71 5a X b) If "Se," idd the organization notify the done or the value of the ogode arstwores provided? 7a X b) If "Se," idd the organization notify the done or the value of the ogode arstwores provided? 7a X c) If "Se," idd the organization notify the done or the value of the ogode arstwores provided? 7a <t< td=""><td></td><td>filed for the calendar year ending with or within the year covered by this return 2a</td><td>1464</td><td></td><td></td><td></td></t<>		filed for the calendar year ending with or within the year covered by this return 2a	1464			
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b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a 10a 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 11a 11b 11b 12a b Gross income from members or shareholders N/A 11a 11b 12a 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 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? N/A 13a 13 Set organization licensed to issue qualified health plans in more than one state? N/A 13a 14a X 13b 13c 13a						
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a Initiation fees and capital contributions included on Part VIII, line 12 N/A 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: 10b a Gross income from members or shareholders N/A 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 interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a X	b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
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: 11a a Gross income from members or shareholders N/A 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 interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X						
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 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 interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a a Is the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13a 14a X						
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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 interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. Image: state organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 13c 14a X	b					
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a 14a 13a				12a		
a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13a c Enter the amount of reserves on hand 13c 14a X						
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a X			N/A	120		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	d			ıJd		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h					
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	5					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	с					
				14a		X

Form	990	(2013)
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Form 990 (2013)

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CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

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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 in Schedule O. See instructions.

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

X

Sec	tion A. Governing Body and Management							
		ι.	1	പ		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>						
	If there are material differences in voting rights among members of the governing body, or if the governing body of the gov							
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	46		2				
-	Enter the number of voting members included in line 1a, above, who are independent	1b						
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	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th				2		X	
3	of officers, directors, or 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 9			E	4		X	
- 5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X	
6								
	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
74	more members of the governing body?				7a		x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			····				
	persons other than the governing body?				7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?	-	-		8a	Х		
b	Each committee with authority to act on behalf of the governing body?				8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			Γ				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code.)					
				-		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?				10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl							
	and branches to ensure their operations are consistent with the organization's exempt purposes? \hdots				10b			
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y bef	ore filing the form	1?	11a	Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					37		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done				12c	х		
13	Did the organization have a written whistleblower policy?				13	Х		
14	Did the organization have a written document retention and destruction policy?				14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	al by i	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37		
а	The organization's CEO, Executive Director, or top management official				15a	X		
b	Other officers or key employees of the organization				15b	X		
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged				10-		x	
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				16a		- 23	
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate							
					16b			
Sec	exempt status with respect to such arrangements?				100		·	
17	List the states with which a copy of this Form 990 is required to be filed CA , CT , DC , GA , H	I,F	(Y,LA,MS,	мо	, NH	,NJ	,NC	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1							
-	for public inspection. Indicate how you made these available. Check all that apply.		(-)(-) 2 0.	,, -				
	X Own website Another's website X Upon request Other (explain	in Sc	hedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			, anc	l finar	icial		
	statements available to the public during the tax year.		-					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd red	cords of the orga	nizat	ion: 🕨	-		
	ARLENE REYES - 562-985-5537							
	6300 STATE UNIVERSITY DRIVE EAST #332, LONG BEACH,	CZ	A 90815					
332006	10-29-13 SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2013)	
	6							

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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

RESEARCH FOUNDATION

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)	(B))	npe	iout	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an		recio	n/trus	lee)	from	from related	other
	(list any hours for	trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	Institutional trustee		/ee	mpen		(** 2/1000 10100)		and related
	below	dual 1	utiona	-	Key employee	est co oyee	ы			organizations
	line)	Individual 1	Institu	Officer	Key e	Highest compensated employee	Former			C C
(1) DON PARA	1.00									
CHAIR	44.00	X		Х				9,200.	260,706.	82,428.
(2) DAVID DOWELL	1.00									
VICE CHAIR	44.00	Х		Х				3,000.	196,423.	62,384.
(3) MARY STEPHENS	1.00									
TREASURER/CEO	44.00	Х		Х				7,200.	207,204.	53,671.
(4) ANDREW MASON	1.00									
SECRETARY	44.00	Х		Х				0.	150,303.	52,212.
(5) KELLY JANOUSEK	1.00									
DIRECTOR	44.00	Х						0.	110,351.	31,069.
(6) KEVIN MALOTTE	1.00									
DIRECTOR	44.00	Х						0.	89,933.	34,694.
(7) JOHN HABERSTROH	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JANE NETHERTON	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) DR. JOSEPH PREVATIL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) BRIAN NOWLIN	40.00									
CHIEF OPERATING OFFICER					Х			163,225.	0.	24,215.
(11) DANIEL MONSON	20.00									
HEAD MEN'S BASKETBALL COAC	25.00					х		577,440.	194,733.	61,240.
(12) MODRIS TIDEMANIS	40.00							150.000		~~ ~~~
ADMINISTRATOR						X		150,220.	0.	28,883.
(13) STANLEY WHEATLEY	40.00									14 500
PROGRAM DIRECTOR		<u> </u>	<u> </u>			X		141,542.	0.	14,502.
(14) SANDRA SHEREMAN	40.00							100 040		
SR. DIRECTOR/OSRP						X		126,648.	0.	20,501.
		-								
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Form 990 (2013)

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CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Form	990 (2013) RESEARCH	FOUNDAT	FIC	ΟN						95-6106	694	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	Esti amo	(F) mate ount o ther	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee Institutional trustee Key employee Entmer Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compe fror orgar and r organ		e ion ed			
										1 000 (50	465		<u>~ ~ </u>
	Sub-total Total from continuation sheets to Part VI								1,178,475.	1,209,653. 0.	465	,7	<u>99.</u> 0.
	Total (add lines 1b and 1c)								1,178,475.	÷ •	465	.7	
2	Total number of individuals (including but n							no re				,	
	compensation from the organization												12
3	Did the organization list any former officer,	director, or tru	ustee	e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on		Yes	No
	line 1a? If "Yes," complete Schedule J for s										3	_	Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	ə J f	for such individual		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>					-			-		5		х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co										ation fro	om	
	the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	uthir	n the organization's tax	year.			

(A)	(B) (C)				
Name and business address	Description of services	Compensation			
CATHERINE ZURN	INSTRUCTOR FOR POST				
26801 CALLE REAL, DANA POINT, CA 92624	PROGAM.	117,739.			
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization ► 1	I d above) who received more than				
		Form 990 (2013)			

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Form 990 (20 ⁻			ESEARC
Part VIII	Statement	of	Revenue

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

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			Check if Schedule O cont	ains a re	sponse	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a					
nun			Membership dues		1b					
۲ ورژ			Fundraising events		1c	72,143.				
ar /			Related organizations		1d	-				
s, i			Government grants (contribut		1e	25,580,217.				
rion S	ł	f	All other contributions, gifts, gran	ts, and						
ibut			similar amounts not included abo	ve	1f	6,553,389.				
Contributions, Gifts, Grants and Other Similar Amounts	1	g	Noncash contributions included in lines	1a-1f: \$		86,497.				
au		h	Total. Add lines 1a-1f			►	32,205,749.			
						Business Code				
ice	2	а	DORMITORY AND FACILITI	ES REN	FAL	531110	4,918,601.	4,918,601.		
Program Service Revenue	I	b	CAMPUS PROGRAMS			900099	3,917,880.	3,917,880.		
n S /en		С	ATHLETIC CAMPS & EVENT	S		900099	1,230,587.	1,230,587.		
Be		d	LEARNING CENTERS			900099	862,028.	862,028.		
jo		е	GAME GUARANTEE AGREEME			900099	365,000.	365,000.		
"		f	All other program service reve				11 204 000			
_		g	Total. Add lines 2a-2f				11,294,096.			
	3		Investment income (including				167,097.			167,097.
			other similar amounts)			r	107,097.			107,037.
	4		Income from investment of ta							
	5		Royalties		Real	(ii) Personal				
	6	2	Gross rents		neal	(ii) Personai				
			Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)							
			Gross amount from sales of		urities	(ii) Other				
			assets other than inventory		9,443.	<u>``</u>				
		b	Less: cost or other basis							
			and sales expenses	1,15	1,789.					
		с	Gain or (loss)	53	7,654.	,				
		d	Net gain or (loss)			►	537,654.			537,654.
en	8	а	Gross income from fundraisin							
			including \$ 72	,143. c	of					
Other Rever			contributions reported on line							
ler			Part IV, line 18							
Ē			Less: direct expenses				10.050			10.050
			Net income or (loss) from fund			▶	-12,058.			-12,058.
	9	а	Gross income from gaming ac							
		h	Part IV, line 19 Less: direct expenses							
			Net income or (loss) from gar							
			Gross sales of inventory, less		/11105					
	10	a	and allowances		2					
		h	Less: cost of goods sold							
			Net income or (loss) from sale							
		-	Miscellaneous Revenu			Business Code				
	11	а								
		b								
		с								
		d	All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions.				44,192,538.	11,294,096.	0.	, :
33200 10-29-	9 •13									Form 990 (2013)

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CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION Form 990 (2013) RESEARCH FOUNT

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Secti	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respo	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	3,751,987.	3,751,987.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16 \dots				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	014 600		014 600	
	trustees, and key employees	214,688.		214,688.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	16 105 105	16,430,946.		54,179.
7	Other salaries and wages	10,405,125.	10,430,940.		54,179.
8	Pension plan accruals and contributions (include	557 5/9	557,549.		
•	section 401(k) and 403(b) employer contributions)	6,459,603.			11,987.
9 10	Other employee benefits	0,435,003.	0,447,0100		11,507.
11	Payroll taxes Fees for services (non-employees):				
	Management				
h	Legal	71,684.		71,684.	
c	Accounting	70,125.		70,125.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	35,390.			35,390.
f	Investment management fees	128,870.		128,870.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	3,431,801.		3,431,801.	
12	Advertising and promotion	80,437.	77,369.		3,068.
13	Office expenses	1,395,652.	1,342,425.		53,227.
14	Information technology	295,401.	284,135.		11,266.
15	Royalties				
16	Occupancy	1 511 500	1 452 025		E7 640
17	Travel	1,511,563.	1,453,935.		57,648.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	175,627.	168,929.		6,698.
19 20	Conferences, conventions, and meetings	1,579,946.	1,579,946.		0,000.
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	1,344,011.	1,344,011.		
23	Insurance	211,672.	203,599.		8,073.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) SPONSORED PROGRAM SUB-C	4,495,020.	4,495,020.		
a	HOSPITALITY	735,108.	735,108.		
a	FURNITURE & EQUIPMENT	731,276.	703,387.		27,889.
c d	DORMITORY RENTAL EXPENS	664,225.	664,225.		27,005.
	All other expenses	1,566,296.	1,506,563.		59,733.
25	Total functional expenses. Add lines 1 through 24e	45,993,076.	41,746,750.	3,917,168.	329,158.
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)				

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Form **990** (2013)

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CALIFORNIA STATE UNIVERSITY LONG BEACH

Form	990 ((2013) RESEARCH FOUNDATION	95-	6106694 Page 11	
Pa	τX	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
	1	Cash - non-interest-bearing	26,716.	1	22,197.
	2	Savings and temporary cash investments	2,434,047.	2	3,485,906.
	3	Pledges and grants receivable, net	16,167,257.	3	9,516,653.
	4	Accounts receivable, net	16,564,089.	4	16,631,608.
	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			
st		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
ssets	7	Notes and loans receivable, net		7	
A	8	Inventories for sale or use		8	

		employers and sponsoring organizations of section so h(c)(s) voluntary			
ste		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\ldots\ldots}$		6	
Assets	7	Notes and loans receivable, net		7	
<	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	227,781.	9	128,226.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 13,300,096.		10c	40,169,044.
	11	Investments - publicly traded securities	32,061,469.	11	32,915,390.
	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	4,784,750.	15	4,754,021.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	113,779,164.	16	107,623,045.
	17	Accounts payable and accrued expenses	6,145,017.	17	5,354,360.
	18	Grants payable		18	
	19	Deferred revenue	6,783,967.	19	6,204,716.
	20	Tax-exempt bond liabilities	32,444,206.	20	31,510,121.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Ē		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ן ב	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	18,159,831.	25	19,143,517.
	26	Total liabilities. Add lines 17 through 25	63,533,021.	26	62,212,714.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
s		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	9,358,262.	27	5,549,143.
Sala	28	Temporarily restricted net assets	40,887,881.	28	39,861,188.
ш р	29	Permanently restricted net assets		29	
n		Organizations that do not follow SFAS 117 (ASC 958), check here			
2		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	50,246,143.	33	45,410,331.
	34	Total liabilities and net assets/fund balances	113,779,164.	34	107,623,045.
					Form 990 (2013)

CALIFORNIA	STATE	UNIVERSITY	LONG	BEACH
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Form	990 (2013) RESEARCH FOUNDATION	95-0	5106	<u>694</u>	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,192</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,993		
3	Revenue less expenses. Subtract line 2 from line 1	3		,800		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,246		
5	Net unrealized gains (losses) on investments	5	3	,102	<u>2,2</u>	01.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		,511		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	,626	5,2	88.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	45	,410),3	31.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			1		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•	it			
	Act and OMB Circular A-133?			3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	Ĺ
				Form	yyn /	(2012)

Form **990** (2013)

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SCHED	DULE A OMB No. 1545-0047)47						
	0 or 990-EZ)	Puk	olic Charity St	tatus	and P	ublic	Supp	ort		0	140			
(1011133	001 330-LZ)	Comple	te if the organization is				tion or a s	ection	2013					
_			4947(a)(1) no	•						0				
Department o Internal Rever	of the Treasury nue Service	N	Attach to								to Publ ection			
N			out Schedule A (Form 990											
Name of t	the organizati		NIA STATE UN		Т.І.Х Г	ONG B	EACH	E		identificat				
	_		H FOUNDATION						9	5-6100	<u>5694</u>			
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	ructions.						
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)							
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)													
3			tal service organization of		in section	170(b)(1)	A)(iii).							
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	al's nan	ne.		
•	city, and stat							(- <i>M</i> - <i>M</i> - <i>M</i> -	,			,		
5			benefit of a college or ur	niversity o		perated by	a dovernr	mental uni	t describ	ood in				
J	-	(b)(1)(A)(iv). (Comple	-	inversity of		Jerated by	a governi	nontai uni	t desent					
•			-			4700 14								
6 🛄	-		ent or governmental unit											
7 X			eives a substantial part of	of its supp	ort from a	governme	ental unit o	or from the	general	public des	cribed	in		
		b)(1)(A)(vi). (Comple												
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)									
9 📖	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	and gross re	eceipts	from		
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	/3% of its	suppor	t from gros	s inves	tment		
	income and ι	Inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after June	30, 19	75.		
	See section	509(a)(2). (Complete	e Part III.)											
10			perated exclusively to te	st for publ	ic safetv. S	See sectio	n 509(a)(4	H).						
11	-	•	perated exclusively for th					-	v out the	nurnoses	of one	or		
	•	•	ations described in section		· ·				•	• •		01		
							.). See sec		aj(3). On		x triat			
			organization and comple					· — -		<i>c</i>				
	a 🖂 Type I					integrated		• •		n-functiona	•	-		
e 📖			t the organization is not											
			han one or more publicly						9(a)(1) or	section 50	9(a)(2).			
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III						
	supporting o	rganization, check th	nis box									. Ш		
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontributior	n from any	of the follo	owing pers	sons?					
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	in (ii) and (iii) below	/,	Yes	No		
	the gove	erning body of the su	upported organization?							11g(i)	π			
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)			
			person described in (i) o											
h		-	about the supported or								//	•		
				gamzation	(0).									
	<i>.</i>			(iv) is the c	organization	(v) Did you	unotify the	(vi) ls	the	(A				
	of supported	(ii) EIN		in col. (i) lis		organizat		(vi) Is organizatio	on in col.	(vii) Amour		netary		
organization					document?			(i) organiz U.S	ed in the ?	su	pport			
			(see instructions))											
			,	Yes	No	Yes	No	Yes	No					

(i) Name of supported organization	zation (described on lines 1-9 in col. (i) listed in your organization in col above or IRC section governing document? (i) of your support		u notify the ion in col. r support?	(vi) Is organizatio (i) organize U.S.	(vii) Amount of monetary support				
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									
LHA For Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedule	e A (For	m 990 or 990-EZ) 2013

Form 990 or 990-EZ. 332021 09-25-13

CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule A (Form 990 or 990 EZ) 2013 RESEARCH FOUNDATION 95-6106

95-6106694 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(w) and 170(b)(1)(A)(w)
(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
fails to qualify under the tests listed below, please complete Part III.)

<u>5e</u>	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	40,872,338.	50,459,194.	47,707,987.	40,125,988.	32,184,949.	211,350,456.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	40,872,338.	50,459,194.	47,707,987.	40,125,988.	32,184,949.	211,350,456.
	The portion of total contributions						
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
~							211,350,456.
	Public support. Subtract line 5 from line 4. ction B. Total Support						211,350,450.
	endar year (or fiscal year beginning in) 🕨	(a) 2000	(b) 2010	(a) 2011	(4) 2012	(a) 2012	
		(a) 2009 40, 872, 338.	(b) 2010 50,459,194.	(c)2011 47,707,987.	(d) 2012 40,125,988.	(e) 2013 32,184,949.	(f) Total 211,350,456.
	Amounts from line 4	40,072,000.	50,455,154.	47,707,507.	40,123,500.	52,104,545.	211,330,430.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1,528,186.	1,971,067.	411,645.	43,260.	167,097.	4,121,255.
~	and income from similar sources	1,520,100.	1,571,007.	····	45,200.	107,057.	+,121,233.
9	Net income from unrelated business						
	activities, whether or not the	102,113.		171,697.	131,575.	171,890.	577,275.
40	business is regularly carried on	102,113.		111,007.	131,575.	1/1,050.	511,215.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						216,048,986.
	Total support. Add lines 7 through 10		200)			12 56	,794,579.
	Gross receipts from related activities, First five years. If the Form 990 is for	· ·	,	d fourth or fifth to			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13	•	•			-		
Se	organization, check this box and stor ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2013 (column (f))		14	97.83 %
	Public support percentage from 2012		•			15	96.26 %
	a 33 1/3% support test - 2013. If the c						
100	stop here. The organization qualifies	•				•	
ŀ	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual	-					
17:	a 10% -facts-and-circumstances tes						
176	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	
L	10% -facts-and-circumstances tes						
Ľ		-					
	more, and if the organization meets the						,
10	organization meets the "facts-and-circ						
10	Private foundation. If the organization			a, 100, 17a, 01 17k		dule A (Form 990	

332022 09-25-13

Part II

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth t	tax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here				<u></u>	<u></u>)
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2013 (li	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	t III, line 15			16	%
Section D. Computation of Inves	stment Incom	e Percentage)			
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	alifies as a publicly	supported organi	zation	▶□]
b 33 1/3% support tests - 2012. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly sup	ported organization	►
20 Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see ir	nstructions	>
332023 09-25-13				Sc	hedule A (Form 99	0 or 990-EZ) 2013
			15			

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CAI	LIFORNIA STATE	UNIVERSITY I	LONG BEACH		
Schedule A (Form 990 or 990-EZ) 2013 RE	SEARCH FOUNDAT	ION		95-6106694 _P	age 4
Part IV Supplemental Information	on. Provide the explanation	s required by Part II, line	10; Part II, line 17a or	7b; and Part III, line 12.	
Also complete this part for any a	additional information. (See i	nstructions).			

332024 09-25-13

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	** PUBLIC DISCLOSURE COPY **	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	 Schedule of Contributors ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. 	OMB No. 1545-0047
Name of the organizat	ion CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number 95-6106694
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$716,631.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 11</u>		\$662,946.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 -		\$ <u>2,440,300.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,627,548.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _		\$ <u>1,127,575.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>4,059,932.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-24-13	18 794084 01292 2013.04030 CALIFO		990, 990-EZ, or 990-PF) (2013)
1940111/	794004 01292 2013.04030 CALIFO	TATE STATE ONLYEI	NOTII VI494I

Name of organization CALIFORNIA STATE UNIVERSITY LONG BEACH

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

RESEARCH FOUNDATION

Part I

(a)

(c)

95-6106694

Employer identification number

(d)

Page 2

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$934,078.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 		\$1,609,152.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$3,952,484.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 		\$2,118,228.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 10 </u>		\$686,910.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 12 </u>		\$796,456.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-24-13		Schedule B (Form	1 990, 990-EZ, or 990-PF) (2013
323452 10-24-13 461117 79408			

Schedule B (Form 990	, 990-EZ, or 990-PF) (2013)
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Name of organization CALIFORNIA STATE UNIVERSITY LONG BEACH

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

RESEARCH FOUNDATION

Part I

(a)

Employer identification number

95-6106694

(d)

(c)

Page 2

art 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
		 \$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. [.] om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. ·om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			

13461117 794084 01292

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

CALIFORNIA STATE UNIVERSITY LONG BEACH

Name of organization

20

2013.04030 CALIFORNIA STATE UNIVERSITY 01292__1

Employer identification number

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2013)		F	Page 4		
Name of or	ganization		Employer identification number			
	ORNIA STATE UNIVERSITY	LONG BEACH				
	RCH FOUNDATION		95-6106694			
Part III	<i>Exclusively</i> religious, charitable, etc., indi year. Complete columns (a) through (e) and	the following line entry. For organization	C)(7), (8), or (10) organizations that total more than \$1,000 to constant of the second se	rtne		
	the total of <i>exclusively</i> religious, charitable, e	tc., contributions of \$1,000 or less for	r the year. (Enter this information once.) 🕨 \$			
(a) No.	Use duplicate copies of Part III if addition	nal space is needed.				
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
			<u> </u>			
			<u> </u>	—		
İ		(e) Transfer of gif	i			
		(-,				
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
ſ						
(-) N -		<u> </u>				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
				—		
			<u> </u>			
ł		(e) Transfer of gif	/			
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee			
ľ	, , ,					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
ł		(e) Transfer of gif				
		(e) Transfer of gi	l l			
	Transferee's name, address, a	and $\mathbf{7IP} \pm 4$	Relationship of transferor to transferee			
ľ						
(a) No. from	(b) Purpose of gift		(d) Department of how sift is hold			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ļ						
		(e) Transfer of gif	t			
	Transformed		Deletionekin of the offerent in the			
ŀ	Transferee's name, address, a	ina ZIP + 4	Relationship of transferor to transferee			
		[
323454 10-24	4-13	I	Schedule B (Form 990, 990-EZ, or 990-PF)	(2013)		
		21		. ,		

13461117 794084 01292

SCHEDULE C	P	olitical Campaign	and Lobbvir	na Activities	5	OMB No. 1545-0047
(Form 990 or 990-EZ)						2013
Department of the Treasury	Complete	e if the organization is describe	ed below. 🕨 Attach t	o Form 990 or Form	990-EZ.	
Internal Revenue Service	See separation	rate instructions. Informati instruction	on about Schedule C ons is at _{www.irs.gov/i}	(Form 990 or 990-E form990.	Z) and its	Inspection
-		Form 990, Part IV, line 3, or Fo		e 46 (Political Camp	oaign Activ	vities), then
		plete Parts I-A and B. Do not co 01(c)(3)) organizations: Complete	•	Do not complete Da	HD	
 Section 501(c) (other Section 527 organization 		()()) 0	Faits I-A and C below	. Do not complete Pa	III I-D.	
•	•	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, lii	ne 47 (Lobbying Act	ivities), th	en
		nave filed Form 5768 (election ur	())	•	•	
		have NOT filed Form 5768 (election				
-		Form 990, Part IV, line 5 (Proxy tions: Complete Part III.	/ Tax) or Form 990-E2	2, Part V, line 35c (Pi	roxy Tax),	then
Name of organization		NIA STATE UNIVER	SITY LONG B	EACH	Employer	r identification number
		H FOUNDATION				5-6106694
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 5	527 orga	nization.
 Duravida a dagavintia 		ation to alive at each incline at a slitic				
	•	ation's direct and indirect politic			▶ \$	
					···· •	
		anization is exempt und			•	
1 Enter the amount of 2 Enter the amount of	f any excise tax	incurred by the organization unc	ler section 4955		►\$	
3 If the organization in	ncurred a sectio	incurred by organization manage n 4955 tax, did it file Form 4720	for this year?		••	Yes No
b If "Yes," describe in	Part IV.					
-		anization is exempt und		-		3).
		by the filing organization for sec			.►\$	
		ization's funds contributed to ot	-		▶\$	
		. Add lines 1 and 2. Enter here a			•	
		1120-POL for this year?				Yes No
		nployer identification number (Ell tion listed, enter the amount paid		-		
	-	omptly and directly delivered to a				
political action com	mittee (PAC). If	additional space is needed, prov	ide information in Part	IV.		
(a) Name		(b) Address	(c) EIN	(d) Amount paid		e) Amount of political
				filing organization funds. If none, ent		ntributions received and promptly and directly
				·,,,,,,,	d	lelivered to a separate political organization.
						If none, enter -0
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 9	90 or 990-EZ.	Sched	lule C (For	rm 990 or 990-EZ) 2013
LHA						

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11-08-13	

CALIFORNIA STATE UNIVERSITY LONG BEACH

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Schedule C (Form 990 or 990-EZ) 2013	RESEAR	CH FO	UNDATION		95-6	106694 Page 2
Part II-A Complete if the org	-		npt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	•					
	-		liated group (and list in	Part IV each affiliated	l group member's nam	e, address, EIN,
expenses, and sha						
B Check ► if the filing organiza	ation checked	box A ar	nd "limited control" pro	ovisions apply.		
	its on Lobby				(a) Filing organization's	(b) Affiliated group totals
(The term "expen	ditures" mea	ans amou	ints paid or incurred.)		totals	
1a Total lobbying expenditures to infl	luence public	opinion (arass roots lobbvina)		0.	
b Total lobbying expenditures to infl					0.	
	c Total lobbying expenditures (add lines 1a and 1b)					
d Other exempt purpose expenditures					42,075,908.	
e Total exempt purpose expenditures (add lines 1c and 1d)					42,075,908.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.				1,000,000.		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,000.				
					050.000	
g Grassroots nontaxable amount (er		,			250,000.	
h Subtract line 1g from line 1a. If zer					0.	
i Subtract line 1f from line 1c. If zer					0.	
j If there is an amount other than ze					Г	¬., ¬.,
reporting section 4911 tax for this					L	Yes No
(Some organi:			eraging Period Under ection 501(h) electior		olete all of the five	
			e instructions for line			
			nditures During 4-Yea	<u> </u>		
	, 	5 1	<u>y</u>			
Calendar year	(a) 20	10	(b) 2011	(c) 2012	(d) 2013	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount	1,000	,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						6,000,000.
c Total lobbying expenditures	166	,865.	139,638.	108,000.	0.	414,503.
	250	,000.	250,000.	250,000.	250,000.	1,000,000.
d Grassroots nontaxable amount	250	,000.	230,000.	230,000.	230,000.	<u> </u>
 Grassroots ceiling amount (150% of line 2d, column (e)) 						1,500,000.
f Grassroots Johnwing expenditures						
f Grassroots lobbying expenditures					Schedule C (Form	990 or 990-EZ) 2013

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CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule C (Form 990 or 990-EZ) 2013 RESEARCH FOUNDATION Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	()	a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
g	Grants to other organizations for lobbying purposes?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c))(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	• •			ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year				
с	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
5	expenditure next year?		4		

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D Supplemental Financial Statements						OMB No. 1545-0047	
(Forr	m 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	anization ans , 11a, 11b, 11	wered "Yes," to Form 990, c, 11d, 11e, 11f, 12a, or 12b.		2013	
	tment of the Treasury al Revenue Service	Information about Schedule D (Formation)	Attach to For	n 990.	form99	Open to Public Inspection	
Nam	e of the organizati	on CALIFORNIA STATE U	NIVERSI			ployer identification number	ər
Dec		RESEARCH FOUNDATIO				95-6106694	
Pa		ations Maintaining Donor Advise		Other Similar Funds or A	CCOL	Ints. Complete if the	
	organizatio	n answered "Yes" to Form 990, Part IV, lin		nor advised funds	b) Fun	ids and other accounts	_
1	Total number at e	nd of year	(,				
2		utions to (during year)					
3		from (during year)					
4		t end of year					
5	Did the organization	on inform all donors and donor advisors in	writing that the	e assets held in donor advised fur	lds		
		on's property, subject to the organization's				Yes 📖 N	0
6		on inform all grantees, donors, and donor a					
		poses and not for the benefit of the donor of			-		
Pa		ate benefit? ation Easements. Complete if the or					<u>0</u>
1		servation easements held by the organizat	*		inte 7.		
'		n of land for public use (e.g., recreation or e		Preservation of an historical	ly imp	ortant land area	
		of natural habitat	Soucation	Preservation of a certified h			
		n of open space			010110		
2		through 2d if the organization held a quali	fied conservat	on contribution in the form of a co	onserva	ation easement on the last	
	day of the tax yea	r.					
						Held at the End of the Tax Yea	ar
а	Total number of co	onservation easements			2a		_
b	-				2b		
		vation easements on a certified historic st			2c		
d		vation easements included in (c) acquired					
2		nal Register			2d	during the tax	
3	year	vation easements modified, transferred, re	leased, exting	ushed, or terminated by the organ	lization	n duning the tax	
4		 where property subject to conservation ea	sement is loca	ted D			
5		tion have a written policy regarding the pe					
	•	forcement of the conservation easements				Yes N	o
6		er hours devoted to monitoring, inspecting					
7	Amount of expense	ses incurred in monitoring, inspecting, and	enforcing cons	servation easements during the ye	ear 🕨	\$	
8		vation easement reported on line 2(d) abo	,	1 (////	,,,,		
)(4)(B)(ii)?				Yes 📖 N	0
9	,	be how the organization reports conservat		•	,	·	
		ole, the text of the footnote to the organiza	tion's financial	statements that describes the or	ganiza	tion's accounting for	
Pa	conservation ease	ations Maintaining Collections o	f Art Histo	rical Treasures or Other	Simil	ar Assots	
l u		f the organization answered "Yes" to Form	-		0		
1a		elected, as permitted under SFAS 116 (As			nd bala	ance sheet works of art.	-
	Ũ	s, or other similar assets held for public ex	,,	1		,	I,
		tnote to its financial statements that descr					,
b	If the organization	elected, as permitted under SFAS 116 (As	SC 958), to rep	ort in its revenue statement and b	alance	e sheet works of art, historic	al
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or re	search in furtherance of public se	rvice, j	provide the following amoun	ts
	relating to these it						
		uded in Form 990, Part VIII, line 1				\$	
-		ed in Form 990, Part X			. 🕨	\$	
2	•	received or held works of art, historical tre		•	provid	le	
-	-	unts required to be reported under SFAS 1		•	•	¢	
a b		d in Form 990, Part VIII, line 1				\$	-
u		1 Form 990, Part X				Ψ <u> </u>	-
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 99	0.		Schedule D (Form 990) 20 [.]	13
33205 09-25-	1 ·13					(
			2	15			_

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Scho		NIA STATE UN H FOUNDATION		LONG	BEACH		610669	4 .	
	rt III Organizations Maintaining C			easures	or Othe				
	Using the organization's acquisition, access								
3	(check all that apply):	ion, and other records, c	fieck any of the			grinicant use of			115
а	X Public exhibition	d [Loan or exc	hango progr	ame				
b	X Scholarly research		Other						
c	X Preservation for future generations	C L							
	Provide a description of the organization's c	alloctions and avalain h	outhout furthor t	ha arganizat	ion'a avai	mot purpaga in	Dort VIII		
4 5	During the year, did the organization solicit c	•		•			Fait All.		
5	to be sold to raise funds rather than to be m						Yes	5	K No
Par	rt IV Escrow and Custodial Arran								
I UI	reported an amount on Form 990, Pa		in the organizatio	ii answereu	165 10	ronn 990, Fait	10, 1116 3, 01		
10	Is the organization an agent, trustee, custod		, for contribution	s or other a	seate not	included			
Id							Yes	Г	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							L	
b	in res, explain the arrangement in Part XIII	and complete the follow	ling table.				Amour	+	
-	Designing belongs					10	Amour	<u>ι</u>	
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance	ierren 000. Deut V. line 01/	 n			1 f	Yes		No
	Did the organization include an amount on F							F	
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete i							. ∟	
I ui		1		1		o. (d) Three years b	ack (a) Fou	rvoar	e hack
10	Designing of year balance	(a) Current year	(b) Prior year	(C) 100 yea	IS DACK	(a) Thee years b		i year	5 Dauk
	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance			<u> </u>					
2	Provide the estimated percentage of the cur		e , (a)) held as:					
а	Board designated or quasi-endowment		1						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ession of the organizatio	n that are held a	nd administe	ered for th	ne organization			1
	by:						<u> </u>	Yes	No
	(i) unrelated organizations								
	(ii) related organizations								
	If "Yes" to 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the		nent funds.						
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or other		or other		cumulated	(d) Boo	ok valı	ue
		basis (investmen	· · ·	(other)	dep	preciation	17 00	6	4 -7 4
	Land			6,474.	10 0		17,06		
	Buildings		33,09	5,047.	то,(36,185.	23,05	٥,٤	562.
С	Leasehold improvements							<u> </u>	
d	Equipment		3,30	7,619.	3,2	263,911.	4	3, 1	708.
	Other						10 4 4		
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part X, c	column (B), line 1	0(c).)		►	40,16		
						Sche	dule D (Fori	n 990	0) 2013

CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule D (Form 990) 2013 RESEARCH FO	UNDATION		95	-6106694 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
		1	Deut V. Kara 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			d-of-year market value
			aluation. Cost of end	u-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	•			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d. See Form 990, I	Part X, line 15.	
	Description	· · ·		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV,		1990, Part X, line 25	
1.(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) POST EMPLOYMENT BENEFITS				
(3) OBLIGATION		10,001,184.		
(4) CHAR. REMAINDER TRUST AND	CHAR.			
(5) GIFT ANNUITY LIABILITY		9,043,417.		
(6) AMOUNTS DUE TO 49ER FOUND	ATION	98,916.		
(7)		-		
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)	19,143,517.		
 Liability for uncertain tax positions. In Part XIII, provide 			inancial statomonto	that reports the
organization's liability for uncertain tax positions under		-		
Sigurization o hability for anoonally tax positions and	$1 \cdot 1 \cdot$	ISSICTIONS IF THE LEAL OF LIT	S ISSUIDIC Has DECH	

Schedule D (Form 990) 2013

332053 09-25-13

	CALIFORNIA STATE UNIVERSIT	TOT Y	NG BEACH		
Sche	edule D (Form 990) 2013 RESEARCH FOUNDATION			95-	6106694 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per F	Retur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	47,165,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	. 2a	3,102,201.	<u>.</u>	
b	Donated services and use of facilities	_ 2 b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,102,201.
3	Subtract line 2e from line 1			3	44,063,668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	128,870.	<u>.</u>	
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	128,870.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	44,192,538.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		lith Expenses per	r Retu	urn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	45,864,206.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	. 2b		4	
С	Other losses	. 2c		4	
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	45,864,206.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		400 070		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	128,870.	<u>.</u>	
b	Other (Describe in Part XIII.)	4 b			
с	Add lines 4a and 4b			4c	128,870.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	45,993,076.
Pa	rt 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:

EXPLANATION: THE 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. THE FAIR 332054 09-25-13 Schedule D (Form 990) 2013 28

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Schedule D (Form 990) 2013 Part XIII Supplemental In	CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION formation (continued)	95-6106694 Page 5
	ONATED COLLECTION ITEMS WAS APPROXIMATELY	\$24,000 FOR THE
YEAR ENDED JUNE 3), 2013. THERE WERE NO DONATED COLLECTION	ITEMS RECEIVED
DURING THE YEAR E	NDED JUNE 30, 2014.	
332055 09-25-13	29	Schedule D (Form 990) 2013

SCHEDULE F (Form 990)				ivities Outside the Ur n answered "Yes" on Form 990, Part			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Information ab		orm 990. See separate instructio (Form 990) and its instructions is at		-	Open to Public Inspection
Name of the organiz CALIFORNIA RESEARCH F	_	entification number					
			Activities Ou	tside the United States. Comple	to if the organ		
		V, line 14b.			ete il tile orgal		
			n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance.	
-		•		the selection criteria used to award the		· · ·	Yes No
United States.			C	procedures for monitoring the use of it	C C	ther assistance	outside the
				an be duplicated if additional space is r			
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	ivity listed in (d) ogram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDI	NG						
ICELAND & GREEN		0	0	FUNDRAISING			0.
EAST ASIA AND T	HE						
PACIFIC		0	0	FUNDRAISING			0.
3 a Sub-total		0	0				0.
b Total from con							
sheets to Part		0	0				0.
c Totals (add lin	nes 3a		_				_
and 3b)		0	0				0.

 $\mbox{LHA}\,$ For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

332071 10-03-13

CALIFORNIA	STATE	UNIVERSITY	LONG	BEACH

Schedule F (Form 990) 2013

RESEARCH FOUNDATION

95-6106694

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2 Enter total number of	recipient organization	ns listed above that are	recognized as charities by the	foreign country	, recognized as tax-e	xempt by		1		
3 Enter total number of	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									

CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule	F	(Form	aan	2013
Schedule			330	12013

RESEARCH FOUNDATION

95-6106694

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2013

Page 3

Schedu Part	CALIFORNIA STATE UNIVERSITY LONG BEACH ule F (Form 990) 2013 RESEARCH FOUNDATION IV Foreign Forms	95-6106694	Page 4
- ure			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	🗆 Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	🗆 Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see <i>Instructions for Form 8621</i>)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

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CALIFORNIA STATE UNIVERSITY LONG BEACH	CALIFORNIA	STATE	UNIVERSITY	LONG	BEACH
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Schedule F (Fo	orm 990) 2013	RESEARCH	FOUNDATION			95-610669	4 Page
Part V S	upplementa	I Information					
in	vestments vs. e	xpenditures per regi	art I, line 2 (monitoring of i ion); Part II, line 1 (accoun	ting method); Part III (a	accounting meth	od); and Part III, colur	
(6	estimated numbe	er of recipients), as a	applicable. Also complete	this part to provide any	y additional infor	mation.	
32075 10-03-13				34		Schedule F (Fo	rm 990) 2
61117 7	94084 01	292	2013.04030	CALIFORNIA	STATE UN	IVERSITY 01	292_

SCHEDULE G	Ourselans		-li F	! :-			OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	ental Information Regarder e organization answered "Yes	s" to Form	990, F	Part IV, lines 17, 18,	or 19, or if the	2013
Department of the Treasury Internal Revenue Service		organization entered more that Attach to Forr	n 990 or F	orm 99	00-EZ.		Open To Public
Name of the organization	Information a	bout Schedule G (Form 990 or 99 NIA STATE UNIVE	0-EZ) and i	ts instru	uctions is at www.irs.o	<u>gov/form 990</u>	Inspection dentification number
Name of the organization		H FOUNDATION	RSTIT	LON	IG BEACH	95-61	
Part I Fundraisin		Complete if the organization a	answered	'Yes" to	o Form 990, Part IV, I		
 Indicate whether the c a Mail solicitation b Internet and en c X Phone solicitati d In-person solici 2 a Did the organization h key employees listed 	organization rais nail solicitations ions tations nave a written o in Form 990, P ighest paid ind	sed funds through any of the for e So f So g X Sp por oral agreement with any indiv Part VII) or entity in connection v ividuals or entities (fundraisers)	blicitation of blicitation of becial fund vidual (incl with profes	of non-g of gover raising uding c sional	overnment grants rnment grants events officers, directors, tru fundraising services	stees or ? X Y	
(i) Name and address of or entity (fundrai		(ii) Activity	fùr have or c	i) Did draiser custody ontrol of ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained b fundraiser listed in col. (i)	y) to (or retained by)
KKJZ FUNDRAISING, IN		FUNDRAISING - KJAZZ RAI	IO Ye	_			
N. BELLFLOWER BLVD.,		STATION		X	1,719,369.	25,00	1,694,369.
QTEGO - 5636 W. 74TH INDIANAPOLIS, IN 46	-	SILENT LIVE AUCTION - JEWELS OF THE NIGHT		x	112,283.	10,93	101,353.
,							
				►	1,831,652.		
or licensing.	-	on is registered or licensed to s					-

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

Schedule G (Form 990 or 990-EZ) 2013

332081 09-12-13

CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule G (Form 990 or 990-EZ) 2013 RESEARCH FOUNDATION

95-6106694 Page 2

Pa	rt I	II Fundraising Events. Complete if th	e organization answered	d "Yes" to Form 990, Pa	rt IV, line 18, or reported	more than \$15,000			
		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			JEWELS OF	GOLF		(add col. (a) through			
			THE NIGHT	TOURNAMENT	1				
۵.			(event type)	(event type)	(total number)	col. (c))			
Revenue									
eve	1	Gross receipts	171,890.	31,059.	20,284.	223,233.			
Œ									
	2	Less: Contributions	20,800.	31,059.	20,284.	72,143.			
	3	Gross income (line 1 minus line 2)	151,090.			151,090.			
	4	Cash prizes							
					F 202	F 202			
s	5	Noncash prizes			5,323.	5,323.			
Jse	_			10 504	2 6 2 5	22 120			
pe	6	Rent/facility costs		19,504.	2,625.	22,129.			
Direct Expenses	_		16 1/2			16 1 1 2			
irec	7	Food and beverages	46,142.			46,142.			
Δ	•	Fatastaissant	1,425.			1,425.			
	8	Entertainment		37,220.	13,767.				
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	-	•	· · · · ·	163,148.			
		Net income summary. Subtract line 10 from I			•	-12,058.			
Pa	_		answered "Yes" to Form						
		\$15,000 on Form 990-EZ, line 6a.		, , , ,	,				
		···;··································		(b) Pull tabs/instant		(d) Total gaming (add			
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
£	1	Gross revenue							
S	2	Cash prizes							
Expenses									
жре	3	Noncash prizes							
ш ठ									
Direct	4	Rent/facility costs							
	5	Other direct expenses							
	_		Yes%	Yes%	Yes%				
	6	Volunteer labor	└──┘ No	∣└──Ì No	∣└──Ì No				
	-				•				
	7	Direct expense summary. Add lines 2 through	n 5 in column (a)		▶				
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•				
	0	Net gaming income summary. Subtract line r							
٩	Fn	ter the state(s) in which the organization opera	tes gaming activities:						
		the organization licensed to operate gaming ac		states?		Yes No			
		No," explain:							
~		, (
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									
		Yes," explain:							
	_								
3300	12 01	9-12-13			Schedula G (Ea	rm 990 or 990-EZ) 2013			
3320	o∠ U!	5-12-10			Schedule G (FO	11 330 01 330-EZJ 2013			

Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor * Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 16 15 15 c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I.) ADDRESS OF FUNDRAISER: QTEGO I.) ADDRESS OF FUNDRAISER: QTEGO I.) ADDRESS OF FUNDRAISER: S636 W. 74TH ST., INDIANAPOLIS, IN 46278 II.) ACTIVITY: SILENT LIVE AUCTION - JEWELS OF THE NIGHT FUNDRAISER C08: 08-12:3	Sche		6106	694	Pa
Ethe organization a grantor, beneficiary of rules of a fuel of a member of a partnearbip or other entity formed	11	Does the organization operate gaming activities with nonmembers?		Yes	
indicate the percentage of gaming activity operated in: 1 the organization facility 13a 2 An obtained facility 13a 3 The organization facility 13a 4 Address > 13a 4 Does the organization have a contract with a third party from whom the organization receives gaming revenue? 14 Yes, "enter the amount of gaming revenue received by the organization > S					
indicate the percentage of gaming activity operated in: 1 the organization facility 13a 2 An obtained facility 13a 3 The organization facility 13a 4 Address > 13a 4 Does the organization have a contract with a third party from whom the organization receives gaming revenue? 14 Yes, "enter the amount of gaming revenue received by the organization > S		to administer charitable gaming?		Yes	
b An outside facility					
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name >	а	The organization's facility	. 13a		
Name Address a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter hearnount of gaming revenue received by the organization > \$ and the amount of gaming revenue? b If "Yes," enter name and address of the third party: Name >	b	An outside facility	. 13b		
Address	4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name			
b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ a if "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Director/officer □ Employee □ Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spont in the organization's own exempt activities during the tax year ▶ \$ and M		Address ►			
of gaming revenue retained by the third party ▶\$	l5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
<pre>c If "Yes," enter name and address of the third party: Name ▶</pre>	b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
Name Address Gaming manager information: Name Caming manager compensation \$		of gaming revenue retained by the third party $ ho$ \$			
Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	с	If "Yes," enter name and address of the third party:			
a Gaming manager information: Name ▶		Name			
a Gaming manager information: Name ▶		Address ►			
Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Description of services provided ▶ Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 1 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 908 I) NAME OF FUNDRAISER: QTEGO I) ADDRESS OF FUNDRAISER: S636 W. 74TH ST., INDIANAPOLIS, IN 46278 II) ACTIVITY: SILENT LIVE AUCTION – JEWELS OF THE NIGHT FUNDRAISER II) ACTIVITY: SILENT LIVE AUCTION – JEWELS OF THE NIGHT FUNDRAISER We use 40 form 990 or 990-EE	6				
Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Description of services provided ▶ Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 1 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 908 I) NAME OF FUNDRAISER: QTEGO I) ADDRESS OF FUNDRAISER: S636 W. 74TH ST., INDIANAPOLIS, IN 46278 II) ACTIVITY: SILENT LIVE AUCTION – JEWELS OF THE NIGHT FUNDRAISER II) ACTIVITY: SILENT LIVE AUCTION – JEWELS OF THE NIGHT FUNDRAISER We use 40 form 990 or 990-EE		Name			
Description of services provided ► Director/officer Employse Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► S art V Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, - 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: L) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC L) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 908 L) ADDRESS OF FUNDRAISER: QTEGO L) ADDRESS OF FUNDRAISER: 5636 W. 74TH ST., INDIANAPOLIS, IN 46278 LI) ACTIVITY: SILENT LIVE AUCTION – JEWELS OF THE NIGHT FUNDRAISER Schedule G (Form 990 or 990-EE					
□ Director/officer □ Employee □ Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ ves b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ ■ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 908 I) NAME OF FUNDRAISER: QTEGO I) ADDRESS OF FUNDRAISER: 5636 W. 74TH ST., INDIANAPOLIS, IN 46278 II) ACTIVITY: SILENT LIVE AUCTION - JEWELS OF THE NIGHT FUNDRAISER Schedule G (Form 990 or 990-EZ		Gaming manager compensation 🕨 \$			
□ Director/officer □ Employee □ Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ ves b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ ■ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 908 I) NAME OF FUNDRAISER: QTEGO I) ADDRESS OF FUNDRAISER: 5636 W. 74TH ST., INDIANAPOLIS, IN 46278 II) ACTIVITY: SILENT LIVE AUCTION - JEWELS OF THE NIGHT FUNDRAISER Schedule G (Form 990 or 990-EZ					
Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: QTEGO I) NAME OF FUNDRAISER: QTEGO II) ADDRESS OF FUNDRAISER: 5636 W. 74TH ST., INDIANAPOLIS, IN 46278 III) ACTIVITY: SILENT LIVE AUCTION - JEWELS OF THE NIGHT FUNDRAISER 083 09-12-13		Description of services provided			
Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director / officer			
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	7	Mandatow distributional			
retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Sart IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 1 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: QTEGO I) NAME OF FUNDRAISER: QTEGO I) ADDRESS OF FUNDRAISER: S636 W. 74TH ST., INDIANAPOLIS, IN 46278 II) ACTIVITY: SILENT LIVE AUCTION - JEWELS OF THE NIGHT FUNDRAISER 2083 09-12-13					
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ art M Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 1 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 908 I) NAME OF FUNDRAISER: QTEGO I) ADDRESS OF FUNDRAISER: 5636 W. 74TH ST., INDIANAPOLIS, IN 46278 II) ACTIVITY: SILENT LIVE AUCTION – JEWELS OF THE NIGHT FUNDRAISER ^{0083 09-12-13} Schedule G (Form 990 or 990-EZ 37				Yes	
organization's own exempt activities during the tax year ▶ \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 1 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 908 I) NAME OF FUNDRAISER: QTEGO I) ADDRESS OF FUNDRAISER: 5636 W. 74TH ST., INDIANAPOLIS, IN 46278 II) ACTIVITY: SILENT LIVE AUCTION – JEWELS OF THE NIGHT FUNDRAISER OR3 09-12-13 Schedule G (Form 990 or 990-EZ 37					<u> </u>
art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 1 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 908 I) NAME OF FUNDRAISER: QTEGO I) ADDRESS OF FUNDRAISER: 5636 W. 74TH ST., INDIANAPOLIS, IN 46278 II) ACTIVITY: SILENT LIVE AUCTION – JEWELS OF THE NIGHT FUNDRAISER 083 09-12-13					
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC I) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 908 I) NAME OF FUNDRAISER: QTEGO I) ADDRESS OF FUNDRAISER: 5636 W. 74TH ST., INDIANAPOLIS, IN 46278 II) ACTIVITY: SILENT LIVE AUCTION – JEWELS OF THE NIGHT FUNDRAISER OBM 09-12-13	_		, lines 9	9b. 10)b. 1
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II) ACTIVITY: SILENT LIVE AUCTION - JEWELS OF THE NIGHT FUNDRAISER 083 09-12-13 Schedule G (Form 990 or 990-EZ 37			4627	8	
083 09-12-13 Schedule G (Form 990 or 990-EZ 37					
37	1	I) ACTIVITY: SILENT LIVE AUCTION - JEWELS OF THE NIGHT FUNDRA	ISER		
1117 794084 01292 2013.04030 CALIFORNIA STATE UNIVERSITY 01292	3208		rm 990 (or 990	-EZ

CALIFORNIA STATE UNIVERSITY LON	G BEACH
Schedule G (Form 990 or 990-EZ) RESEARCH FOUNDATION Part IV Supplemental Information (continued)	95-6106694 Page 4
Supplemental information (continued)	
PART I, LINE 2B, COLUMN (V):	
EXPLANATION: CSULB FOUNDATION PAID AN ORGANIZATION	TO FUNDRAISE FOR KJAZZ
RADIO STATION THAT IS OPERATED ON THE CSULB CAMPUS.	
TADIO DIATION THAT ID OFERATED ON THE COULD CANTOD.	
	Schedule G (Form 990 or 990-EZ)
332084 05-01-13	
38	

13461117 794084 01292 2013.04030 CALIFORNIA STATE UNIVERSITY 01292__1

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990												
	A STATE U	JNIVERSITY L			u www.irs.gov/torm99		Employer identification number						
RESEARCH	FOUNDATIC)N					95-6106694						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?	-											
Part II Grants and Other Assistance to		-			anization answered "א	es" to Form 990, Part	IV, line 21, for any						
recipient that received more than 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	onal space is need (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						
CSULB 1250 BELLFLOWER BLVD LONG BEACH, CA 90812	93-1150363	PUBLIC UNIVERSITY	3,751,987.	0.			TO PROVIDE SCHOLARSHIPS FOR TUITION AND OTHER EDUCATIONAL EXPENSES TO STUDENTS ATTENDING CSULB						
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 							<u>1.</u>						
C Enter total number of other organization													

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

RESEARCH FOUNDATION

Schedule I (Form 990) (2013)

95-6106694

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash 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:

EXPLANATION: 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 FY2012-2013.

(Fo	HEDULE J Compensation Information rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Compensated Employees • Complete if the organization answered "Yes" on Form 990, Part IV, line 23. • Attach to Form 990. See separate instructions. • Information about Schedule J (Form 990) and its instructions is at www irs gov/form990	OMB No. 1545-0047 2013 Open to Public Inspection				
_	the of the organization CALIFORNIA STATE UNIVERSITY LONG BEACH Employer	identificati		mber		
Num	· · ·	510669				
Pa	rt I Questions Regarding Compensation	510005	-			
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Discretionary spending account Payments for business (e.g., maid, chauffeur, chef)		162	NU		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2				
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 Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		Х		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х		
	Participate in, or receive payment from, an equity-based compensation arrangement?			Х		
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		v			
	The organization?		X	X		
b	Any related organization?	5b		Λ		
-	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
_	contingent on the net earnings of:	6.		х		
	The organization?			X		
b	Any related organization?	6b		л		
7	If "Yes" to line 6a or 6b, describe in Part III.					
'	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7		х		
8	not described in lines 5 and 6? If "Yes," describe in Part III	/				
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in					
3		9				
LHA		Jule J (Forr	n 990)	2013		

332111 09-13-13

Schedule J (Form 990) 2013

RESEARCH FOUNDATION

95-6106694

Page **2**

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 in 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 are not listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(b)(i)-(D)	in prior Form 990
(1) DON PARA	(i)	0.	0.	9,200.	0.	0.	9,200.	0.
CHAIR	(ii)	258,737.	0.	1,969.	56,176.	26,252.	343,134.	0.
(2) DAVID DOWELL	(i)	0.	0.	3,000.	0.	0.	3,000.	0.
VICE CHAIR	(ii)	196,027.	0.	396.	41,041.	21,343.	258,807.	0.
(3) MARY STEPHENS	(i)	0.	0.	7,200.	0.	0.	7,200.	0.
TREASURER/CEO	(ii)	206,946.	0.	258.	43,082.	10,589.	260,875.	0.
(4) ANDREW MASON	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	150,045.	0.	258.	31,353.	20,859.	202,515.	0.
(5) BRIAN NOWLIN	(i)	156,070.	7,155.	0.	16,215.	8,000.	187,440.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL MONSON	(i)	128,273.	449,167.	0.	0.	0.	577,440.	0.
HEAD MEN'S BASKETBALL COAC	(ii)	188,504.	0.	6,229.	39,126.	22,114.	255,973.	0.
(7) MODRIS TIDEMANIS	(i)	146,620.	3,600.	Ο.	14,662.	14,221.	179,103.	0.
ADMINISTRATOR	(ii)	0.	0.	Ο.	0.	0.	0.	0.
(8) STANLEY WHEATLEY	(i)	140,326.	0.	1,216.	13,456.	1,046.	156,044.	0.
PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2013

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:

EXPLANATION: DANIEL MONSON, THE UNIVERSITY'S HEAD MEN'S BASKETBALL COACH,

IS ELIGIBLE FOR A BONUS BASED UPON CERTAIN GAME GUARANTEE FEES. THE GAME

GUARANTEE FEES ARE NOT FIXED, AND AS SUCH, ARE REPORTED AS BONUS OR

INCENTIVE COMPENSATION.

Schedule J (Form 990) 2013

SCHEDULE K

(Form 990) Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047 2013 Open to Public

Inspection

Name of the organization

CALIFORNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

Employer identification number 95-6106694

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descriptio	n of purpose	(g) De	feased	(h) On of is	behalf suer	(i) Po finan	
								Yes	No	Yes	No	Yes	Ν
TRUSTEES OF THE CA.						REFUND OI	F 1998						
A STATE UNIVERSITY	91-2155587	13077CRF3	04/01/08	8,485	,000.	BONDS			Х		Х	Х	
TRUSTEES OF THE CA.						COLLEGE							
B STATE UNIVERSITY	91-2155587	13077CRF3	04/01/08	11,5	20,000.	AQUISITIC	ON		X		X	Х	
TRUSTEES OF THE CA.													
C STATE UNIVERSITY	91-2155587	13077CTE4	01/06/09	15,1	25,000.	RLC RENOV	JATION		X		X	Х	
D													
Part II Proceeds													
			Α			В	С		_		D		
1 Amount of bonds retired									_				
					11		15 005	<u> </u>	_				
3 Total proceeds of issue	8,48:	8,485,000. 11,520,000. 1			15,235	,695	•						
4 Gross proceeds in reserve funds							100	,118	_				
5 Capitalized interest from proceeds							489	,110	•				
6 Proceeds in refunding escrows				. 022		180,346.	110	,212	+				
7 Issuance costs from proceeds				132,833. 180,346.			112	, 414	•				
8 Credit enhancement from proceeds									_				
9 Working capital expenditures from proceed					11	339,654.	14,634	365	+-				
Capital expenditures from proceeds				8,352,167.		11,555,054. 14,05		, 505					
· · · ·			0,352	3,10/•					-				
12 Other unspent proceeds13 Year of substantial completion			10	994	2007		2010		+				
			Yes	No	Yes	No	Yes	No	+-	Yes		No	
14 Were the bonds issued as part of a current	nt refunding issue?		165	X	165	X	165	X	+	165		NU	—
15 Were the bonds issued as part of a contained			X			X		X	+				
16 Has the final allocation of proceeds been	<u>v</u>		X		X		X		+				
Does the organization maintain adequate books and red		n of proceeds?	X		X		X		+				
Part III Private Business Use				I		1							
		А			В	С				D			
1 Was the organization a partner in a partnership, or a member of an LLC,		Yes	No	Yes	No	Yes	No		Yes		No		
which owned property financed by tax-exempt bonds?				X		X	[X					
Are there any lease arrangements that may result in private business use of						1							
bond-financed property?			x		Х		x						

³³²¹²¹ 10-09-13 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

95-6106694

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 Schedule K (Form 990) 2013
 RESEARCH
 FOUNDATION

 Part III
 Private Business Use (Continued)
 FOUNDATION

3a Are there any management or service contracts that may result in private business use of bond financed property? Yes No Yes <th< th=""></th<>
bit Prest to line 3a, does the organization noutinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? x x x c Ar there any research agreements that any research agreements that any research agreements treating to the financed property? X X X d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? X X X d If "Yes" to line 3c, does the organization or a state or local government > % % % entities other that or process activity carried on by your organization, another section 501(c)(3) organization, or a state or local government > % % % 7 Does the bond issue meet the private security or payment test? X X X X 8a Has there been a sale or disposition of any of the bond-financed property to a non- governmental person other than a 501(c)(3) organization, and since the bonds were issue? X X X b If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections % % % % 9 Has the regulation established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? X X X Part IV Arbitrage Rebate, Yield Reduction and
counsel to review any management or service contracts relating to the financed property? X X X c Are there any research agreements that may result in private business use of bond-financed property? X X X X d If 'Yes' to line 3d, does the organization or a state or local government. > > > > > 4 Enter the percentage of financed property used in a private business use by entities other than a schoto 501(c)(3) organization or a state or local government. > %
c Are there any research agreements that may result in private business use of bond-financed property? X X X X d If "Yes" to line 5c, does the organization routinely engage bond coursel or other outside counsel to review any research agreements relating to the financed property. Image: Coursel of the financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government % % % % 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government %
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? d
counsel to review any research agreements relating to the financed property? Image: Counsel to review any research agreements relating to the financed property sed in a private business use by entities other than a section 501(c)(3) organization or a state or local government % % % % 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government % <td< td=""></td<>
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government > %
entities other than a section 501(c)(3) organization or a state or local government > % % % % 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government % </td
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government
urrelated trade or business activity carried on by your organization, another 96 96 96 section 501(c)(3) organization, or a state or local government 96 96 96 6 Total of lines 4 and 5 96 96 96 7 Does the bond issue meet the private security or payment test? X X X X 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? X X X X b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of 6 6 6 6 of
section 501(c)(3) organization, or a state or local government M % % % % % 6 Total of lines 4 and 5 %
6 Total of lines 4 and 5 % % % % % % 7 Does the bond issue meet the private security or payment test? X
7 Does the bond issue meet the private security or payment test? X <th< td=""></th<>
7 Does the bond issue meet the private security or payment test? X <th< td=""></th<>
governmental person other than a 501(c)(3) organization since the bonds were issued? X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % % % % c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? % % % % 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? X <td< td=""></td<>
of%%%%cIf "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141.12 and 1.145.2?IIIIII9Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141.12 and 1.145.2?XXXXXXPart IVArbitrageABCD1Has the issue filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?YesNoYesNoYesNo2If "No" to line 1, did the following apply?XXXXXXIaRebate not due yet?XXXXXIIbException to rebate?XXXXXII
of%%%%cIf "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141.12 and 1.145.2?IIIIII9Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141.12 and 1.145.2?XXXXXXPart IVArbitrageABCD1Has the issue filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?YesNoYesNoYesNo2If "No" to line 1, did the following apply?XXXXXXIaRebate not due yet?XXXXXIIbException to rebate?XXXXXII
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141.12 and 1.145-2? Image: Constraint of the section of the sectin of the section of the secting of the section
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? X
Regulations sections 1.141-12 and 1.145-2? X<
Part IV Arbitrage Part IV Arbitrage A B C D 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? Yes No Yes Yes Yes No Yes Yes Yes Yes Yes Yes Yes Ye
Part IV Arbitrage I Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? Image: Constraint of the following apply? Image: Constraint of the following apply
I Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? Yes No
Penalty in Lieu of Arbitrage Rebate? X X X X X X X 2 If "No" to line 1, did the following apply?
2 If "No" to line 1, did the following apply? a Rebate not due yet? b Exception to rebate? X X
a Rebate not due yet? X X X X X b Exception to rebate? X X X X X X
a Rebate not due yet? X X X X b Exception to rebate? X X X X X
b Exception to rebate?
c No rebate due? X X X
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate
computation was performed
3 Is the bond issue a variable rate issue? X X X
4a Has the organization or the governmental issuer entered into a qualified
hedge with respect to the bond issue? X X X
b Name of provider
c Term of hedge
d Was the hedge superintegrated?
e Was the hedge terminated? X X X

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

95-6106694

Schedule K (Form 990) 2013 RESEARCH FOUNDATION	95-6106694 Page								
Part IV Arbitrage (Continued)	_		_		_				
		4	E	3	(2	C)	
	Yes	No	Yes	No	Yes	No	Yes	No	
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		Х			
b Name of provider	N/A		N/A		N/A				
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		Х			
6 Were any gross proceeds invested beyond an available temporary period?									
7 Has the organization established written procedures to monitor the requirements of									
section 148?	X		X		X				
Part V Procedures To Undertake Corrective Action							-		
		<u> </u>	E	3	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 is not available under applicable									
regulations?		X		X		X			
Part VI Supplemental Information. Provide additional information for responses to question		e K (see inst	ructions).						
PART III, LINE 3D, PART III, LINE 9, AND PART V									
ANNUALLY, THE ORGANIZATION SUBMITS A REPORT TO '				ICE,					
WHICH TABULATES BOND FINANCED SPACE USED IN A PI									
BUSINESS, IF ANY. TO THE EXTENT THERE ARE ANY C									
SPACE FROM THE PREVIOUS YEAR, THE ORGANIZATION (RIVATE (JSE					
CHECKLIST WHICH IS SUBMITTED TO THE CHANCELLOR'S	S OFFIC	Ε.							

	SCHEDULE M Noncash Contributions								
(Fo	rm 990)						20	13	
		Complete if the org	anizations a	answered "Yes" o	n Form 990, Part IV, lines 2	29 or 30.	LU	IU	·
	ment of the Treasury	Attach to Form 990).				Open to		c
	Revenue Service	Information about \$	Schedule M	(Form 990) and it	s instructions is at www irs		Inspe		
Name	e of the organization		-		LONG BEACH	Employer id			nber
Der		RESEARCH FOU	INDATIC	N		95	-6106	694	
Par	TI Types of	f Property	(a)	(b)	(0)		(d)		
			(a) Check if	(b) Number of	(c) Noncash contribution	Method o	(d) of determin	ina	
			applicable	contributions or	amounts reported on	noncash con		0	s
_				items contributed	Form 990, Part VIII, line 1g				
1									
2		asures							
3		erests							
4		ations							
5		sehold goods							
6		hicles							
7									
8		ty	x						
9		ly traded		5	86,497.	FMV			
10		y held stock							
11	Securities - Partne								
12		laneous							
13		ation contribution -							
		\$							
14		ation contribution - Other							
15		dential							
16		mercial							
17		r							
18									
19									
20		Il supplies							
21									
22									
23		ens							
24		acts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()	<u> </u>	l					
29		8283 received by the organ							
	tor which the orga	nization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			<u> </u>	<u>.</u>
20	Duning the -							Yes	No
JUa					ported in Part I, lines 1 - 28, 1		pr		
	•				required to be used for exen		00		х
							30a		<u>A</u>
		the arrangement in Part II.	nolic: 4+		of only non-standard said 1	utional	31	x	
31	 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 								
JZa	-			-				x	
							32a	Λ	
	If "Yes," describe				de de contrate la contrate de				
33	-	-	i coiumn (C) 1	or a type of prope	rty for which column (a) is ch	ескеа,			
1.1.1.4	describe in Part II.		the locator -	tions for Farme 00	0	Osharbit	. M /Г	0001 (0040
LHA	For Paperwork	Reduction Act Notice, see	e the instruc	tions for Form 99	0.	Schedule	e M (Form	aan) (2013)

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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, LINE 32B:

EXPLANATION: CSULB RESEARCH FOUNDATION HIRED CARS FOR CAUSES FOR CAR

DONATION PROGRAM. CARS FOR CAUSES RETAINED 30% OF NET PROCEEDS FROM

VEHICLE DONATION. CSULB RESEARCH FOUNDATION RETAINED \$10,250 AS A

RESULT OF THE VEHICLE DONATION.

Schedule M (Form 990) (2013)

332142 09-03-13

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OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or 990-EZ. Department of the Treasury Inspection Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www ins gov/form990 CALIFORNIA STATE UNIVERSITY LONG BEACH Name of the organization Employer identification number RESEARCH FOUNDATION 95-6106694 FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: 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: EXPLANATION: 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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 49

Schedule O (Form 990 or 990-EZ) (2013)

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

Page 2

- 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:

EXPLANATION: 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: EXPLANATION: THE TAX EXEMPT APPLICATION, DETERMINATION LETTER, ARTICLES OF INCORPORATION, BY-LAWS, AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT OUR MAIN OFFICE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD POST RETIREMENT HEALTH BENEFITS DEEMED UNCOLLECTIBLE

TRANSFER OF NET POSITION TO CSULB 49ER FOUNDATION

-1,626,288.

-1,626,288.

TOTAL TO FORM 990, PART XI, LINE 9 332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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2013.04030 CALIFORNIA STATE UNIVERSITY 01292__1

Schedule O (Form 990 or 9	Page 2					
Name of the organization	CALIFORNIA	STATE	UNIVERSITY	LONG	BEACH	Employer identification number
	95-6106694					

FORM 990, PART XII, LINE 9

EXPLANATION: ON JULY 1, 2012, THE 49ER FOUNDATION BEGAN OPERATIONS WITH

THE PURPOSE TO PROMOTE PHILANTHROPY AND MANAGE THE RESOURCES PREVIOUSLY

DONATED TO THE RESEARCH FOUNDATION BUT DESIGNATED FOR

UNIVERSITY-RELATED USES. AS A RESULT, DONATED ASSETS PREVIOUSLY HELD BY

THE RESEARCH FOUNDATION WERE TRANSFERRED TO THE 49ER FOUNDATION TO

ADMINISTER GOING FORWARD. THE RESEARCH FOUNDATION TRANSFERRED

\$1,626,288 IN CASH DURING FYE 6/30/14.

FORM 990, PART XII, LINE 8, PRIOR PERIOD ADJUSTMENT

EXPLANATION: PRIOR PERIOD POST RETIREMENT HEALTH BENEFITS DEEMED

UNCOLLECTIBLE

-4,511,187

FORM 990, PART I, LINE 16B

EXPLANATION: THE FOUNDATION HAS MINIMAL FUNDRAISING EXPENSES DUE TO THE

FACT THAT THE ORGANIZATION SHARES IN THEIR FUNDRAISING EFFORTS JOINTLY

WITH CSULB. IN ADDITION, A SIGNIFICANT PORTION OF THE CONTRIBUTIONS

RECEIVED ARE LARGE GRANTS FROM GOVERNMENT ENTITIES.

332212 09-04-13

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organizati		C yer identif		3 ublic on					
Part I Identificati	RESEARCH FOUNI on of Disregarded Entities Complete		on Form 990 Part IV line 33	3		95	-6106	694	
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	(d)	ne End-of-year	assets	Direct	(f) Direct controlling entity	
	on of Related Tax-Exempt Organiza	ations Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 be	ecause it had one o	or more relat	ted tax-exe	mpt	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct co	(f) Direct controlling entity		g) 512(b)(13) rolled ity? No
	UNIVERSITY, LONG BEACH - BELLFLOWER BLVD, LONG	PUBLIC UNIVERSITY	CALIFORNIA	501(C)(3)	170(B)(1) (A)(II)	N/A		Yes	x
		-							
		1							

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

Schedule R (Form 990) 2013 RESEARCH FOUNDATION

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)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule	manag partn		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	es No	
	1											
	1											
	1											
	1											

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	(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	Sec 512(l contr ent	(i) Section 2(b)(13) Introlled entity?	
		country)				833613				
CHARITABLE REMAINDER TRUSTS (2)		CA							x	
CHARITABLE GIFT ANNUITIES (2)		CA							x	

(4)

(5)

(6)

332163 09-12-13

Schedu	Schedule R (Form 990) 2013 RESEARCH FOUNDATION								
Part V	Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 34, 35b	, or 36.			⁻ age 3		
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1 D	uring the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	l in Parts II-IV?					
a R	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				. 1a		X X		
	b Gift, grant, or capital contribution to related organization(s)								
c G	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 D	ividends from related organization(s)				1f		x		
	ale of assets to related organization(s)						X		
hΡ	urchase of assets from related organization(s)				. 1h		X		
i E	xchange of assets with related organization(s)				. 1 i		X		
j Lo	ease of facilities, equipment, or other assets to related organization(s)				. 1 j		X		
k Lo	k Lease of facilities, equipment, or other assets from related organization(s)								
	I Performance of services or membership or fundraising solicitations for related organization(s)								
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	haring of facilities, equipment, mailing lists, or other assets with related organizati						X		
	haring of paid employees with related organization(s)					X			
рR	eimbursement paid to related organization(s) for expenses				. 1p	X X			
q R	q Reimbursement paid by related organization(s) for expenses								
r 0	ther transfer of cash or property to related organization(s)				1r		x		
	ther transfer of cash or property from related organization(s)						X		
	the answer to any of the above is "Yes," see the instructions for information on w								
	(a) (b) (c) (d) Name of related organization type (a-s)								
<u>(1)</u>									
(2)									
(3)									
			1						

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Schedule R (Form 990) 2013 RESEARCH FOUNDATION

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 section 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) ? No	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca	h) ropor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes	al or F ging er? NO	(k) Percentage ownership

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 RES	SEARCH FOUNDATION	95-6106694 Page 5
Part VII Supplemental Information		
Provide additional information for	or responses to questions on Schedule R (see instructions).	
32165 09-12-13		Schedule R (Form 990) 201
	56	
61117 794084 01292	2013.04030 CALIFORNIA STATE	UNIVERSITY 01292_1