Department of the Internal Revenue	e Treasury Service				OMB No. 1545-0047
Check if applicable: Address change Name change Initial return					
Initial return Final return/ termin- ated					
ated					
			-		
		1			
			Chec if		und
			self-e	-mbi0	you I

Form	n 990 (2016)		LIFORNIA STATE L SEARCH FOUNDA		BEACH	95-61066	94	Page 2
	, , , , , , , , , , , , , , , , , , , 	ent of Progra	m Service Accompl	ishments				T ugo Z
		•	ains a response or note			••••		
1	Briefly describe SERVES TH RESEARCH	the organization IE MISSION I, ENTREPRI	•	TY BY SUPPORT MUNITY SERVICE	NG AND ENGAG	SING IN		
2	prior Form 990	or 990-EZ? ~~	any significant program			d on the	Yes	X _{No}
3	Did the organiza	ation cease con	ducting, or make significations on Schedule O.	ant changes in how it co	onducts, any program	services? ~~~~~	Yes	X _{No}
4	Describe the or Section 501(c)(ganization's prog 3) and 501(c)(4)	gram service accomplish			ervices, as measured by cions to others, the total ex	•	d
4a	(Code:) (Expenses \$	47,807,774.	including grants of \$	4,379,066.) (Revenue \$)
4b	(Code:	_) (Expenses \$		including grants of \$) (Revenue \$)

(Code:	(Expenses \$	including grants of \$	_) (Revenue \$)
Oth	amiliana (Dagariha in Cabadula O.)		
		(Code:) (Expenses \$	(Code:) (Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses

				1	
If "Yes," complete Schedule B, Schedule D, Part II				Yes	No
2 Schedule B, Schedule C Contributors 2	1	If "Vas " complete Schedule A			
3	_				
If "Yes," complete Schedule C, Part I		Scriedule B, Scriedule of Contributors	2		
Section 501(c)(3) organizations.	3	If "Vee " commisse Cohedule C. Dort I			
If "Yes," complete Schedule C, Part III			3		
Figure F	4	Section 501(c)(3) organizations.			
If "Yes," complete Schedule D, Part II		ii Yes, complete schedule C, Part II	4		
If "Yes," complete Schedule D, Part III	5	If "Voo." complete Schodule C. Dort III	_		
	_	ii res, complete schedule c, Part III	5		
Table	6	If "Voc " complete Schodule D. Dart I			
If "Yes," complete Schedule D, Part III	_	ii fes, complete schedule b, Part i	6		
8 Schedule D, Part III 8	7	If "Voo " complete Cabadula D. Dart II			
Schedule D, Part III 9			7		
10	8	·			
If "Yes," complete Schedule D, Part IV	_	Scriedule D, Fait III	8		
11	9				
11		If "Vos " complete Schodule D. Part IV			
10	40	ii res, complete scriedule D, Part IV	9		
11	10	If "Vas " complete Schedule D. Part V			
Part VI	44	ii Tes, complete scheddie b, Fart V	10		
Part VI	11				
Part VI		If "Ves " complete Schedule D			
If "Yes," complete Schedule D, Part VIII	а				
11b 11c 11c		T CIT VI	11a		
If "Yes," complete Schedule D, Part VIII	D	If "Yes " complete Schedule D. Part VII	116		
If "Yes," complete Schedule D, Part VIII	•	ii 163, complete Schedule B, Fait VII	110		
If "Yes," complete Schedule D, Part IX	C	If "Yes." complete Schedule D. Part VIII	110		
If "Yes," complete Schedule D, Part IX	А		110		
If "Yes," complete Schedule D, Part X	u	If "Yes." complete Schedule D. Part IX	114		
If "Yes," complete Schedule D, Part X 11f 12a 12a 12b	۵				
116			- 10		
12a Schedule D, Parts XI and XII 12a 12b 12b	•	If "Yes," complete Schedule D, Part X	11f		
Schedule D, Parts XI and XII 12a 12b 12b	12a				
b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional If "Yes," complete Schedule E 13	4		12a		
13	b				
13	-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		
14a 14a 15 14b 16 15 17 16 18 18 19 18	13				
b 14b 15 15 16 16 17 17 18 18 18 19					
15 16 17 18 19					
15 16 17 18 19					
15 16 17 18 19			14b		
16 17 18 19	15				
17 18 19			15		
17 18 19	16				
17 18 19			16		
18 19	17				
19			17		
19	18				
			18		
19	19				
			19		

Form 990 (2016) Page (continued)

	(continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ü	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~~~	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.0		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~	28b		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38				
	Note	38		

Form 990 (2016) Part V Sta Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response of note to any line in this Fart v			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners? ••••••••••••••••••••••••••••••••••••	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return ~~~~~~~ 2a	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~~~	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~~	<u>4a</u>		
b	If "Yes," enter the name of the foreign country: J			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~~~	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	d ticath	e payo	r?
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282? •••••••••••••••••••••••••••••••••	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~~	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	1		
		1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
D	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	154		
h	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			
С	Enter the amount of reserves on hand ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

			1		
10	_{1a}		Yes	No	
1a	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule Q.				
b	1b				
2					
		2			
3					
		3			
4 5		<u>4</u> 5			
6		6			
7a					
		7a			
b					
		7b			
8	$.00ctor, s. 94s2 H1 esseskey\ tteloy H1\ ham\ (a\ faan 6y 0b\ I\ 0\ 0\ ship\ ses,\ busribes 0b\ I\ 0\ 0\ ship\ with elfyso\ 0\ 1e\ material\ diule\ O.) 1\ 0\ 0$		fic em	(.00ctd	or,s.94s2
а		8a	-+		
b		8b			
9	If "Yes," provide the names and addresses in Schedule O	9			
	(This Section B requests information about policies not required by the Internal Revenue Code.)	J			
			Yes	No	
10a		10a			
b					
		10b			
11a		11a			
b	If "No," go to line 13	12a			
12a b	ii ito, go to iiic io	12a 12b			
С	If "Yes," describe	125			
	in Schedule O how this was done	12c			
13		13			
14		14			
15					
a		15a			
b		15b			
16a					
		16a			
b					
		16b			
47					
17 18					
10					
	(explain in Schedule O)				
19					
20					

95-6106694

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- ¥ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - ¥ List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- ¥ List the organization's five currenthighest 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.

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

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 heither the organization i	ioi arry related t	<u>riyai</u>	IIZa	liOII	COIII	pen	Jaic	d arry current onicer, un	lector, or trustee.	
(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average	(do		Posi		than	one	Reportable	Reportable	Estimated
	hours per	b <u>o</u> x,	unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		er an	d a d	recto	r/trust	tee)	from	from related	other
	(list any	or dire				ted		the	organizations	compensation
	hours for	99	trustee			esue		organization	(W-2/1099-MISC)	from the
	related	trustee	al tru		yee	m m		(W-2/1099-MISC)		organization
	organizations		tion		mplc	st cc yee	ļ _			and related
	below	Individual	nstitutional	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DR. JANE CLOSE CONOLEY	line) 1.00	드	<u> </u>	0	Ā	ΙĎ	Ľ			
(1) DR. JANE CLOSE CONOLEY CHAIR	44.00	X		Х				12,000.	341,051.	98,491.
	1.00	^		^				12,000.	341,031.	90,491.
(2) DR. BRIAN JERSKY	44.00	X		Х				3,000.	102 060	25 100
VICE CHAIR (3) MARY STEPHENS	1.00	^		_				3,000.	103,869.	35,189.
	44.00	X		Х				7,200.	224 402	66 507
TREASURER / CEO (4) DR. SIMON KIM	1.00	^		^				1,200.	221,103.	66,587.
(4) DR. SIMON KIM SECRETARY	44.00	X		Х				0.	161,367.	66,833.
(5) KELLY JANOUSEK	1.00	<u> ^</u>		^				0.	101,307.	00,033.
DI RECTOR	44.00	X						0.	116,027.	38,308.
(6) DR. LISA KLIG	1.00	 ``						0.	110,027.	00,000.
DIRECTOR (UNTIL FEB. 2017)	44.00	X						28,868.	104,664.	45,829.
(7) DR. STEPHEN MEZYK	1.00								101,001	,
DIRECTOR (STARTED MARCH 2017)	44.00	X						118,482.	145,859.	47,940.
(8) JANE NETHERTON	1.00							,	,	,
DIRECTOR	44.00	X						0.	0.	0.
(9) MARVIN FLORES	1.00									
DIRECTOR (UNTIL MAY 2017)	44.00	X						0.	0.	0.
(10) DANIEL GOMEZ	1.00									
DIRECTOR (SERVED JUNE 2017)	44.00	X						0.	0.	0.
(11) DR. JOSEPH PREVATIL	1.00									
DIRECTOR	44.00	X						0.	0.	0.
(12) DR. BRIAN NOWLIN	40.00									
CHIEF OPERATING OFFICER		1			Χ			175,344.	0.	27,175.
(13) DANIEL MONSON	20.00									
HEAD MEN'S BASKETBALL COAC	25.00					Х		696,624.	195,166.	73,355.
(14) MODRIS TIDEMANIS	40.00									
ADMINI STRATOR		<u></u>			L	Х	L	155,248.	0.	33,324.
(15) JOY RUBIN	40.00									
CALSWEC PROJECT COORDINATO		L				Х	L	127,128.	0.	21,772.
(16) RONALD MARKS	40.00									
DIR. CENTER FOR CRIMINAL JUSTICE						Х		117,176.	0.	34,212.
(17) ARLINDA REYES	40.00									
DIR. FINANCE & REPORTING						Х		115,716.	0.	29,668.
										F 000 (0040)

632007 11-11-16

Part VII Section A. Officers, Directors, Truster	es, Key Employ	<u>ees</u>	, an	d Hi	ghes	st Co	omp	ensated Employees	(continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable		Est	timate	:d
	hours per	box,	, unles	ss pei	rson i	is both	n an	compensation	compensation	1	am	ount o	of
	week	direct	ei aii	uau	Tecto		<u> </u>	from	from related			other	
	(list any	or di	o o			ated		the	organizations			ensat	
	hours for related	stee	trustee			ensi		organization	(W-2/1099-MIS	(C)		om the	
	organizations	l tr	ral tr		oye	mox e		(W-2/1099-MISC)			_	anizati I relate	
	below	Individual trustee	utior	er	ldme	est c	ē					nizatio	
	line)	l di	Institutional t	Officer	Key employee	Highest compensated employee	Forn				o.ga		
					_								
1b Sub-total ~~~~~~~~~~~~~	~~~~~							1,556,786.	1,389,106.		618	,683.	
c Total from continuation sheets to Part VII, S		~~~	~~~	~~~				0. 1,556,786.	1,389,106.	0.	61g	,683.	0.
d Total (add lines 1b and 1c)		!	:-4								010	,005.	
Total number of individuals (including but n compensation from the organization	ot iimitea to tric	ise ii	istec	abo	ove)	WIIC	rec	ceived more than \$100,0	ooo or reportable				13
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, or tru	stee	, ke	y em	nplo	yee,	or h	nighest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	nsa	tion	and	oth	er compensation from th	ne organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual ~~~~	~~~~~		4	Х	
5 Did any person listed on line 1a receive or a									dual for services				~
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Schedul	елт	or su	ıcn	pers	son •	••••	••••••			5		X
Complete this table for your five highest contractors	mnoncated ind	0000	ndon	+ 00	ntro	otoro	, the	at received more than \$	100 000 of compos	ocotion	from		
the organization. Report compensation for										isalion	111011	'	
(A)	,							(B)			(C)	
Name and business	address	NC	DNE					Description of s	ervices	Cor	mpen	sation	1
							_						
							_						
2 Total number of independent contractors (in	acluding but so	t lim	itod	to +L	2000	licte	<u> </u>	ahove) who received ma	re than				
2 Total number of independent contractors (ii \$100,000 of compensation from the organization)	-	. 11111	iteu	io il)	eu d	ibove) who received Mo	ie man				
										Fo	orm S	990 (2	2016)

Form 990 (2016)

	(A)	(B)	
Total functional expenses.			
Joint costs.			
Check here if following SOP 98-2 (ASC 958-720)			

95-6106694

uit		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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7,250.	1	6,500
	2	Savings and temporary cash investments ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1,626,944.	2	1,930,868.
	3	Pledges and grants receivable, net	9,867,421.	3	8,149,509.
	4	Accounts receivable, net	16,519,899.	4	16,540,348.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L ~~		6	
	7	Notes and loans receivable, net ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	143,548.	9	99,667.
1	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D ~~~ 10a 51,771,444.			
	b	Less: accumulated depreciation ~~~~~ 10b 15,117,905.	37,799,172.	10c	36,653,539.
1	11	Investments - publicly traded securities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	29,352,818.	11	29,169,098.
1	12	Investments - other securities. See Part IV, line 11 ~~~~~~~~~~~		12	
1	13	Investments - program-related. See Part IV, line 11 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		13	
1	14	Intangible assets		14	
1	15	Other assets. See Part IV, line 11 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8,139,283.	15	8,349,398.
L	16	Total assets. Add lines 1 through 15 (must equal line 34)	103,456,335.	16	100,898,927.
1	17	Accounts payable and accrued expenses ~~~~~~~~~~~~	3,852,254.	17	4,861,357.
1	18	Grants payable		18	
1	19	Deferred revenue ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4,621,317.	19	5,012,051.
2	20	Tax-exempt bond liabilities	31,508,678.	20	30,224,609.
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D ~~~~		21	
2	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		22	
2	23	Secured mortgages and notes payable to unrelated third parties ~~~~~		23	
2	24	Unsecured notes and loans payable to unrelated third parties ~~~~~~		24	
2	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	04 040 500		00 400 400
		Schedule D ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	21,618,593.	25	22,136,196.
+2	26	Total liabilities. Add lines 17 through 25	61,600,842.	26	62,234,213.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
		complete lines 27 through 29, and lines 33 and 34.	4,254,000.		2,365,307.
1	27	Unrestricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	37,601,493.	27	36,299,407.
1	28	Temporarily restricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	37,001,433.	28	50,233,407.
2	29	Permanently restricted net assets ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		30	
1	31	Paid-in or capital surplus, or land, building, or equipment fund ~~~~~~~		31	
	32	Retained earnings, endowment, accumulated income, or other funds ~~~~	41,855,493.	32	38,664,714.
1	33	Total net assets or fund balances ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	103,456,335.	33	100,898,927.
Ŀ	34	Total liabilities and net assets/fund balances ************************************	100,400,333.	34	100,030,321.

Form 990 (2016)

Forn	990 (2016)			Pag	ge
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1			
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~~~	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6			
7	Investment expenses ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) •••••••	10			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O.			
2a			2a		
b			2b		
С					
			2c		
За					
			За		
h					

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

| Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at OMB No. 1545-0047

Open to Public Inspection

Employer identification number

									
1			(1.) (1.) (1.) (1.)		section	n 170(b)(1)(A)(i).		
2		section	n 170(b)(1)(A)(ii). section 170(b)(1)(A)(iii).						
4			section 170(b)(1)(A)(iii).						
5	_								
	section 170(b)(1	1)(A)(iv).							
6					section 17	0(b)(1)(A)	(v).		
7	acation 170(b)/1	\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
8	section 170(b)(1)(A)(VI).	section 170(b)(1)(A)(vi).					
9			- (-)(section 170(b)(1)(A)(i	x)				
10									
10									
	section 509	(a)(2).							
11 12					;	section 50	9(a)(4).		
12				section 509(a)(1)	section 5	09(a)(2)	section 509(a)(3).		
				,,,,,,		(,(,			
а	Type I.								
	,	Vou must co	omplete Part IV, Sec	tions A and B					
b	Type II.	rou must co	Jilipiele Fall IV, Sec	lions A and B.					
	,,								
			complete Part IV, S						
С	Type III function	onally integr	rated.1111b)(1)(A)(i)	•					
d									
е									
f									
g					1				
((i) Name of supportedorganization	ed	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the or in your gove	ganization lis	edv) Amount of monetary nt? support (see instructions)	(vi) Amount of other support (see instructions)	
	Organization -			above (see instructions))			Support (See Instructions)	Support (See Instructions)	

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in how the supported organizations are designated. If designated by			
_	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	41-		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?If "Yes," explain in what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4b		
	purposes.	4c		
5a	If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only.	Ja		
٥	Type Tot Type II only.	5b		
С	Substitutions only.	5c		
6				
	If "Yes," provide detail in			
	ii res, provide detairii	6		
7		J		
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a		0		
	If "Yes," provide detail in	9a		
b	If "Yes," provide detail in	01		
С	ii res, provide detairiii	9b		
U	If "Yes," provide detail in	9c		
10a				
	If "Voc." answor 10b below			
h	If "Yes," answer 10b below. (Use Schedule C, Form 4720, to	10a		
b	determine whether the organization had excess business holdings.)	10b		

				5
	_		Yes	No
11				
а				
u		11a		
L	ľ			
b	<u> </u>	11b		
C		11c		
	<u>-</u>		Yes	No
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	-	1		
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1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule A	(Form 990 or 990-EZ) 2016 RESEARCH FOUNDATION	95-6106694	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section B, lines 2, 5, and 6.	s 1 and 2; Part IV, Section rt V, Section B, line 1e; I	n C,
	(See instructions.)		

Name of organization Employer identification number

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

Name of organization
CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

Employer identification number

95-6106694

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7			
_7			Person X
		\$ 5,956,076.	Payroll
		\$5,956,076.	_ Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8			Person X
		0.400.400	Payroll
		\$2,486,100.	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9			Person X
-			Person ^ Payroll
		\$ 1,073,953.	Noncash
			(Complete Part II for
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	_ Noncash
			(Complete Part II for noncash contributions.)
			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	_ Noncash
			(Complete Part II for
	-		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
			Noncash (Complete Part II for

Name of organization
CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

Employer identification number

95-6106694

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - - - - -				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - - - - - - -				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - - - - -				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - - \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		- - - - - s				

Name of or	ganization				Employer identification number
	religious, charitable, etc., cor the year from any one contributor. completing Part III, enter the total of exclusively religious	ntributions to organization (a) (e) ar s, charitable, etc., contributions of	ns described in s nd of \$1,000 or less for th	ection 501(c)(7), (For organization e year. (Enter this info.	8), or (10) that total more than \$1,000 forsonce.)
T					
T					
-					
-					
-					

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

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

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

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

					Employe	r identification nu	mber
1 2 3					_		
1 2						V	
3 4a b						Yes Yes	No No
1 2							
3							
4 5	Form	1120-POL				Yes	No
	(a)	(b)	(c)	(d)		(e)	

g Grassroots nontaxable amount (enter 25% of c24t,j 1 0 0 1 58.10 588.1 \$1,500,000.

Yes No

4-Year Averaging Period Under section 501(h)

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

Coo in o coparate mendence or into 24 integral 211,								
Lobbying Expenditures During 4-Year Averaging Period								
	(a)	(b)	(c)	(d)	(e)			
b								
C								
d								
e								
f								

Schedule C (Form 990 or 990-EZ) 2016

	(8	a)	(b)
	Yes	No	Amount
1			
a			
b c			
d			
e f			
g			
h :			
i j			
2a b			
C			
d			
1		11	Yes No
2			
3			

SCHEDUH2Ft descureas Ot468.50 71.90 Tm (\$) Tj1 0 0 1 468.5.00 ht utescureas Ot468.50 71.90 Tm

| Complete if the organization answerd "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
| Attach to Form 990.
| Information about Schedule D (Form 990) and its instructions is at www.irs

www.irs.gov/form990.

Open to Public

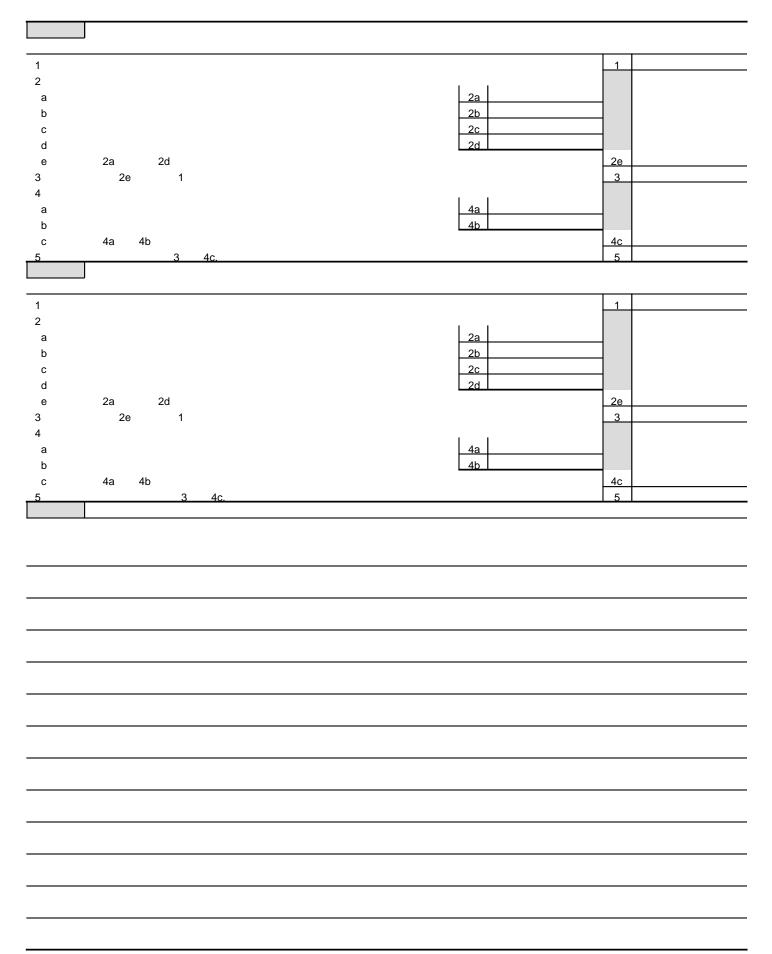
Department of the Treasury Internal Revenue Service

(Form 990)

Inspection

Nam	e of the organization			Employer identification num	ber
Pa	Organizations Maintaining Donor Advised Forganization answered "Yes" on Form 990, Part IV, line		Accoun	ts. Complete if the	
		(a) Donor advised funds	(k	o) Funds and other accounts	
1	Total number at end of year ~~~~~~~~~~				
2	Aggregate value of contributions to (during year) ~~~~				
3	Aggregate value of grants from (during year) ~~~~~				
4	Aggregate value at end of year ~~~~~~~				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds	}	
	are the organization's property, subject to the organization's ex	_		Yes	No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used onl	ly	
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	conferrin	g	
	impermissible private benefit? ************************************	•••••		Yes	No
Pa	rt II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (e.g., recreation or ec	ducation) Preservation of a hi	storically	important land area	
	Protection of natural habitat	Preservation of a ce	ertified his	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a cons	servation easement on the las	t
	day of the tax year.			Held at the End of the	Tax Yea
а	Total number of conservation easements ~~~~~~~~~			2a	
b	Total acreage restricted by conservation easements ~~~~~	~~~~~~		2b	
С	Number of conservation easements on a certified historic struc	cture included in (a) ~~~~~~~		2c	
d	Number of conservation easements included in (c) acquired af		ure		
	listed in the National Register ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~		2d	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by th	e organiz	ation during the tax	
	year				
4	Number of states where property subject to conservation ease	ment is located	_		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it h	nolds? ~~~~~~~~	~~~	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation	easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation ease	ements during the year	
	\$				
8	Does each conservation easement reported on line 2(d) above		0(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	the organ	ization's accounting for	
Б.	conservation easements.	Historical Taxasa as a Other	0::	A (-	
Pa	organizations Maintaining Collections of Art		Similar	Assets.	
	Complete if the organization answered "Yes" on Form S				
1a	If the organization elected, as permitted under SFAS 116 (ASC	·			
	historical treasures, or other similar assets held for public exhil		ance of p	ublic service, provide, in Part 2	XIII,
	the text of the footnote to its financial statements that describe				
b	If the organization elected, as permitted under SFAS 116 (ASC	· · · · · · · · · · · · · · · · · · ·			
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ıblıc servi	ce, provide the following amo	unts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~			\$	
_	(ii) Assets included in Form 990, Part X			\$	
2	If the organization received or held works of art, historical treas		al gain, p	rovide	
	the following amounts required to be reported under SFAS 116	, -			
a	Revenue included on Form 990, Part VIII, line 1 ~~~~~~~~~			\$	
n	ACCORD INCIDIO OF IN LORD UNIT LORD Y				

	<u> </u>	 · · · · · · · · · · · · · · · · · · ·
-		



632054 08-29-16 Schedule D (Form 990) 2016

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Schedule D (Form 990) 2016 RESE	ARCH FOUNDATION	95-6106694	Page 5
Schedule D (Form 990) 2016 RESE Part XIII Supplemental Information	(continued)		
MARKET VALUE OF DONATED COL	LECTION ITEMS WAS APPROXIMATEL	LY \$353,000 AND	
\$42.000 FOR THE YEARS ENDED JU	JNE 30, 2017 AND 2016, RESPECTIVEL	_Y.	
			

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

| Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

CALey-RNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

95-6:

Employer identification number 95-6106694

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations b Solicitation of government grants Χ Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) KKJZ FUNDRAISING, INC - 6300 FUNDRAISING - KJAZZ RADIO Yes No STATE UNIVERSITY DRIVE, #332 STATION 1, 162, 680 25,000 1, 137, 680. X SILENT LIVE AUCTION -QTEGO - 5636 W. 74TH STREET, INDIANAPOLIS, IN 46278 JEWELS OF THE NIGHT X 7,500 167, 104 159, 604. 1, 329, 784. 32,500 1, 297, 284. Total •••••• 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensina CA,CT,DC,GA,HI,KY,LA,MI,MO,NH,NJ,NC,ND,RI,SC,TN,VA,WV,DE,FL,ID,IA,MT,NE,NV SD,TX,VT,WY

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) 2016

				SITY LONG BEACH		400004
Sch	edul	e G (Form 990 or 990-EZ) 2016 RESEARCI	H FOUNDATION			106694 Page 2
Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and grown	· ·	·		· ·
		, , ,	(a) Event #1 HOSP MNGT &	(b) Event #2 JEWELS OF	(c) Other events	(d) Total events (add col. (a) through
			GOLF TOURNAM	THE NIGHT	3	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts ~~~~~~~~	100,693.	196,342.	133,026.	430,061.
	2	Less: Contributions ~~~~~~	39,896.	29,238.	10,507.	79,641.
	3	Gross income (line 1 minus line 2) ••••	60,797.	167,104.	122,519.	350,420.
	4	Cash prizes ~~~~~~~				
Se	5	Noncash prizes ~~~~~~~				
xpense	6	Rent/facility costs ~~~~~~~	12,310.	23,441.	800.	36,551.
Direct Expenses	7	Food and beverages ~~~~~~		18,697.	52,796.	71,493.
	8	Entertainment ~~~~~~~~				
	9	Other direct expenses ~~~~~~	34,001.	44,653.	33,309.	111,963.
	10	Direct expense summary. Add lines 4 through	9 in column (d) ~~~~	~~~~~~~~~	.	220,007.
_	11	Net income summary. Subtract line 10 from lin				130,413.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
enue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue ••••••				
	_	Gross revenue ***********************************				
nses	2	Cash prizes ~~~~~~~~				
irect Expenses	3	Noncash prizes				
irec	4	Rent/facility costs ~~~~~~~				

Re	1	Gross revenue ••••••				
Se	2	Cash prizes ~~~~~~~~				
Direct Expenses	3	Noncash prizes ~~~~~~~~				
Jirect E	4	Rent/facility costs ~~~~~~~				
	5	Other direct expenses ••••••				
	6	Volunteer labor ~~~~~~~~	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	~			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	•••••	· 	

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

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

9 Enter the state(s) in which the organization conducts gaming activities: _

Sched	ule G (Fo	rm 990 or 990-EZ) 2016						Page 3
11 12							Yes	No
							Yes	No
13 a						138	a	
b 14						13k		
1-7								
15a							Yes	No
b					_			
С			 					
16								
			 _					
17 a								
							Yes	No
b								
	Sı	upplemental Information.						

CALIFORNIA STATE UNIVERSITY LONG BEACH

Schedule (Figure 380 or 980 et 21) Part IV Supplemental Information (continued) PART I, LINE 2B, COLUMN (V): CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ RADIO STATION THAT IS OPERATED ON THE CSULB CAMPUS.	Schedule G (Form 990 or 990-EZ) RESEARCH FOUNDATION	95-6106694	Page 4
CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ RADIO	Part IV Supplemental Information (continued)		
CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ RADIO			
CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ RADIO			
CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ RADIO	PART I, LINE 2B, COLUMN (V):		
STATION THAT IS OPERATED ON THE CSULB CAMPUS.	CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ RADIO		
STATION THAT IS OPENATED ON THE COULD CAMIFUS.	STATION THAT IS OBEDATED ON THE CSUI B CAMBUS		
	STATION THAT IS OPERATED ON THE COULD CAMPUS.		

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, E| Formrants and Other Assistance to Organizations and Other Other Organizations and Other Other Other Organizations and Other O

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

Attach to Form 990.

Open to Public

Internal Revenue Service	Information	about Schedule I (For	m 990) and its inst	ructions is at	www.irs.gov/form990	0.	Inspection
Name of the organization	•	,	•				Employer identification number
Part I General Information on Grants and	d Assistance						
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's prepart II Grants and Other Assistance to Description that received more than	stance? ~~~~~ ocedures for monitor omestic Organizati	oring the use of grant toons and Domestic Gov	funds in the United vernments.	States. Complete if the organic	~~~~~	tance, and the selection	Yes No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	•				.~~~~~~~~	-~~	

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Schedule I (Form 990) (2016) RESEARCH FOUNDATION 95-6106694

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (d) Amount of non-(a) Type of grant or assistance (c) Amount of (f) Description of noncash assistance recipients cash assistance cash grant Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information PART I, LINE 2: SCHOLARSHIP RECIPIENTS APPLY FOR CSULB SCHOLARSHIPS BASED ON VARIOUS MERITS, AND AS APPROVED BY THE VARIOUS DEPARTMENTS AT CSULB. SCHOLARSHIPS ARE PAID BY CSULB DIRECTLY TO STUDENTS AND RESEARCH FOUNDATION REIMBURSES CSULB. CSULB DEPARTMENTS IN CONCERT WITH FINANCIAL AID DETERMINE STUDENTS ELIGIBILITY AND MONITOR FUND USAGE TO ENSURE THEY ARE APPLIED FOR ACADEMIC PURPOSES. THERE ARE NO RESEARCH FELLOWSHIP GRANT PAYMENTS IN FY 2016-17.

Page 2

OMB No. 1545-0047

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~~~~~~~ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~~~~~~~~~ 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4b b 4c С Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 а 5b h 6 а 6a b 6b 7 8 8 9

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

Schedule J (Form 990) 2016

CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

Schedule J (Form 990) 2016

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate c

Use duplicate copies if additional space is needed.

95-6106694

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

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

		<u> </u>	f W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
	e and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DR. P3um55F172	8.00 Tf1 0 048 0 (a)	N <mark>OLEYTF1 0 0 1 1</mark>	76. 90 578. 50 Tr	284SEAR. 06 58	4080 801i0y 5726	90 578. 50 Tm LIF	ORNIA ST8 0 ONOL	<u>EYTF1 0 0 1 176.9</u> 0	J 578. :
	(ii)								
	(i)		<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	
	(ii)	,	 '		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
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	(ii))	 '		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
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CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION

OMB No. 1545-0047

Part III Private Business Use							
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3a							
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open To Public

Information about Schedule M (Form 990) and its instructions is at

Inspection

			Employer i52 w 0.0 g 223.70 407.02 352.8
			_
			

CALIFORNIA STATE UNIVERSITY LONG BEACH Schedule M (Form 990) (2016) RESEARCH FOUNDATION

Schedule M (Form 990) (2016) RESEARCH FOUNDATION	95-6106694	Page 2
Schedule M (Form 990) (2016) RESEARCH FOUNDATION Part II Supplemental Information. Provide the information required by Part I, I is reporting in Part I, column (b), the number of contributions, the number of iten this part for any additional information.	nes 30b, 32b, and 33, and whether the organizations received, or a combination of both. Also comple	on
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONT	RIBUTORS.	
		_

Schedule M (Form 990) (2016)

95-6106694

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

CALIFORNIA STATE UNIVERSITY LONG BEACH

Fmolo **RESEARCH FOUNDATION**

Employer identification number 95-6106694

FORM 990, PART I, LINE 16B
THE FOUNDATION HAS MINIMAL FUNDRAISING EXPENSES DUE TO THE FACT THAT
THE ORGANIZATION SHARES IN THEIR FUNDRAISING EFFORTS JOINTLY WITH CSULB
49ER FOUNDATION. IN ADDITION, A SIGNIFICANT PORTION OF THE
CONTRIBUTIONS RECEIVED ARE LARGE GRANTS FROM GOVERNMENT ENTITIES.
FORM 990, PART VI, SECTION B, LINE 11B:
A SUBCOMMITTEE OF DIRECTORS, THE AUDIT COMMITTEE, REVIEWS THE FORM 990
PRIOR TO SUBMITTING TO IRS. BEFORE FILING THE FORM 990, A FINAL COPY OF THE
RETURN IS FORWARDED TO THE ENTIRE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH FISCAL YEAR, ALL INDIVIDUALS IN DESIGNATED POSITIONS ARE REQUIRED TO
SIGN THE FOUNDATION "CONFLICT OF INTEREST POLICY" AND THE "CONFLICT OF
INTEREST DECLARATION".
A REVIEW OF ALL REPORTED CONFLICTS OF INTEREST WILL BE CONDUCTED. THE
REVIEW COMMITTEE SHALL CONSIST OF THE CHIEF OPERATING OFFICER AND THE CHIEF
FINANCIAL OFFICER. IN THE EVENT AN INDIVIDUAL OCCUPYING ONE OF THE
AFOREMENTIONED POSITIONS REPORTS A CONFLICT OF INTEREST, ANOTHER FOUNDATION
CENTRAL OFFICE DIRECTOR SHALL BE SUBSTITUTED FOR PURPOSES OF THE REVIEW OF
THAT REPORTED CONFLICT OF INTEREST. THE COMMITTEE SHALL REVIEW ALL RELEVANT
INFORMATION AND ADVISE THE CHIEF EXECUTIVE OFFICER IF A CONFLICT EXISTS.
ADDITIONALLY, THE REVIEW COMMITTEE SHALL ADVISE THE CHIEF EXECUTIVE OFFICER

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

Schedule O (Form 990 or 990-EZ) (2016)

THE TAX EXEMPT APPLICATION, DETERMINATION LETTER, ARTICLES OF

FORM 990, PART XI, LINE9

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

PROMOTE PHILANTHROPY AND MANAGE THE RESOURCES PREVIOUSLY DONATED TO THE

Schedule R (Form 990) 2016 Page 2

Part III Identification of Related Organ organizations treated as a par	rtnership during the ta	x year.	ip. Complete i	r the organiz	alion answe	red res	S ON FOITH	990, Pa	nt iv, line .	34 Dec	cause	it had one or n	iore relati	∌u	
(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomi (related excluded i section	(e) nant income I, unrelated, from tax und s 512-514)	Share er	(f) of total	((g)	alloca	oortionat ations?	(i) e	(j) Genera manag partne Yes N	l or ing r?	(k)
										. 50					
Part IV Identification of Related Organ	nizations Taxable as a	Corporation	on or Trust.												
(a)			(b)	(C) Legal domicile (state or foreign country)	(d)		(e)		(f)			(g)	(h)		(i) ection 2(b)(13) ntrolled ntity?
															110

Schedule R (Form 990) 2016 Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e 1g 1h 1m m 1n n 10 1p р 1a (a) (b) (c) (d) (1)

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.

that was not a related organization. See in					\top							T
(a)	(b)	(c)	(d)	(e) Are a		(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners	sec.	Share of	Share of	Disp	ropor	Code V-UBI	General c	Percentage
of entity		(state or foreign	(related, unrelated,	501(c)	(3)	total	end-of-year	alloc	nate ations	Jamount in box 2	partner?	ownership
		country)	Predominant income (related, unrelated, excluded from tax und sections 512-514)	Yes N		income	assets	Voc	No	Code V-UBI amount in box 2 of Schedule K- (Form 1065)	Voc NC]
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CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOLINDATION

Shadule R Form 200, 2018 RESEARCH FOUNDATION 95-6106694 Page 5. Part VII Supplemental Information. Provide additional Information for responses to questions on Schedule R. See Instructions.	Schedule R (Form 990) 2016 RESEARCH FOUNDATION	95-6106694	Page 5
Provide additional information for responses to questions on Schedule R. See instructions.	Part VII Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		