

Form **990**

Return of Organization Exempt From Income Tax

**2011**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable:  Address change <input checked="" type="checkbox"/> Name change Initial return Terminated Amended return Application pending	C Name of organization <b>CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION</b>		D Employer identification number <b>95-6106694</b>	
	Doing Business As		E Telephone number <b>(562) 985-5537</b>	
	Number and street (or P.O. box if mail is not delivered to street address) <b>6300 STATE UNIVERSITY DR. EAST</b>	Room/suite <b>332</b>	G Gross receipts \$ <b>80,432,832.</b>	
	City or town, state or country, and ZIP + 4 <b>LONG BEACH, CA 90815</b>		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
F Name and address of principal officer: <b>MARY STEPHENS SAME AS C ABOVE</b>		H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3)    501(c)( ) § (insert no.)    4947(a)(1) or    527				
J Website: <b>WWW.FOUNDATION.CSULB.EDU</b>				
K Form of organization: <input checked="" type="checkbox"/> Corporation    Trust    Association    Other      Year of formation: <b>1956</b> M State of legal domicile: <b>CA</b>				

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>SUPPORTING RESEARCH, COMMUNITY SERVICE, ENTREPRENEURSHIP, AND SPONSORED PROGRAMS.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<b>9</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<b>3</b>
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	<b>1515</b>
	6	Total number of volunteers (estimate if necessary)	6	<b>14</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<b>0.</b>
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	<b>0.</b>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <b>50,459,194.</b>	Current Year <b>47,707,987.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>4,945,145.</b>	<b>7,440,692.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,977,324.</b>	<b>896,324.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>4,224,554.</b>	<b>4,858,804.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>62,606,217.</b>	<b>60,903,807.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,319,267.</b>	<b>1,643,297.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>26,307,932.</b>	<b>26,717,320.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>25,000.</b>	<b>43,000.</b>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>722,156.</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>29,500,310.</b>	<b>28,813,965.</b>
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>58,152,509.</b>	<b>57,217,582.</b>	
19	Revenue less expenses. Subtract line 18 from line 12	<b>4,453,708.</b>	<b>3,686,225.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <b>166,352,217.</b>	End of Year <b>168,999,130.</b>
	21	Total liabilities (Part X, line 26)	<b>61,414,690.</b>	<b>62,233,609.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>104,937,527.</b>	<b>106,765,521.</b>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	= Signature of officer <b>MARY STEPHENS, CEO</b>		Date		
	= Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>DONITA M JOSEPH</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00286656</b>
	Firm's name <b>WINDES &amp; MCCLAUGHRY</b>	Firm's EIN <b>95-3001179</b>		Phone no. <b>562-435-1191</b>	
	Firm's address <b>P. O. BOX 87 LONG BEACH, CA 90801</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

1

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

2

Yes No

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Yes No

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

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

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

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4d

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

4e Total program service expenses

		Yes	No
1	If "Yes," complete Schedule A		
2	Schedule B, Schedule of Contributors		
3	If "Yes," complete Schedule C, Part I		
4	Section 501(c)(3) organizations. If "Yes," complete Schedule C, Part II		
5	If "Yes," complete Schedule C, Part III		
6	If "Yes," complete Schedule D, Part I		
7	If "Yes," complete Schedule D, Part II		
8	Schedule D, Part III		
9	If "Yes," complete Schedule D, Part IV		
10	If "Yes," complete Schedule D, Part V		
11			
a	If "Yes," complete Schedule D, Part VI		
b	If "Yes," complete Schedule D, Part VII		
c	If "Yes," complete Schedule D, Part VIII		
d	If "Yes," complete Schedule D, Part IX		
e	If "Yes," complete Schedule D, Part X		
f	If "Yes," complete Schedule D, Part X		
12a	Schedule D, Parts XI, XII, and XIII		
b	If "Yes," complete Schedule DE Tj1 0 0 1 22.52 722.60 Tm (If "Yes," complete Schedule DF Part Xland XV) Tj1 0 0 1 127.24 320434.5m (If "Yes," complete		
13			
14a			
b			
15			
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1	1a	1b	
		Yes	No
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Horizontal lines

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII . . . . .

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. F. KING ALEXANDER CHAIR	1.00	X		X			0.	320,329.	76,386.	
(2) ANDREA TAYLOR VICE CHAIR	1.00	X		X			7,200.	187,896.	52,196.	
(3) DR. DON PARA SECRETARY	1.00	X		X			7,200.	230,004.	55,190.	
(4) MARY STEPHENS TREASURER/CEO	10.00	X		X			7,200.	206,004.	44,428.	
(5) KELLY JANOUSEK DIRECTOR	1.00	X					0.	110,136.	26,916.	
(6) CHRISTOPHER LEE DIRECTOR	1.00	X					0.	96,684.	31,092.	
(7) JANE NETHERTON DIRECTOR	1.00	X					0.	0.	0.	
(8) DR. JOSEPH PREVATIL DIRECTOR	1.00	X					0.	0.	0.	
(9) LUCHoT6x. YE Tj1 0 0 1 27.00 288406 Tm (DIRECTOR) Tj /F182 10 00 Tf1 0 0 1 221,40 265410 Tm (1.00) Tj1 0 0 1 257.4										

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

(A)	(B)	(C)						(D)	(E)	(F)
		(do not check more than one box, unless person is both an officer and a director/trustee)								
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2

		Yes	No
3	former		
4			
5			

Section B. Independent Contractors






**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Form 990 (2011)

**95-6106694** Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	<b>1,643,297.</b>	<b>1,643,297.</b>		
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 ~				
4 Benefits paid to or for members ~ ~ ~ ~ ~				
5 Compensation of current officers, directors, trustees, and key employees ~ ~ ~ ~ ~	<b>210,397.</b>	<b>132,158.</b>	<b>78,239.</b>	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ~ ~ ~				
7 Other salaries and wages ~ ~ ~ ~ ~	<b>19,662,990.</b>	<b>18,310,914.</b>	<b>1,352,076.</b>	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) ~	<b>684,596.</b>	<b>639,265.</b>	<b>45,331.</b>	
9 Other employee benefits ~ ~ ~ ~ ~	<b>6,159,337.</b>	<b>4,975,223.</b>	<b>1,184,114.</b>	
10 Payroll taxes ~ ~ ~ ~ ~				
11 Fees for services (non-employees):				
a Management ~ ~ ~ ~ ~				
b Legal ~ ~ ~ ~ ~	<b>75,114.</b>		<b>75,114.</b>	
c Accounting ~ ~ ~ ~ ~	<b>97,791.</b>		<b>97,791.</b>	
d Lobbying ~ ~ ~ ~ ~	<b>120,138.</b>	<b>120,138.</b>		
e Professional fundraising services. See Part IV, line 17	<b>43,000.</b>			<b>43,000.</b>
f Investment management fees ~ ~ ~ ~ ~	<b>821,015.</b>		<b>821,015.</b>	
g Other ~ ~ ~ ~ ~	<b>508,827.</b>		<b>508,827.</b>	
12 Advertising and promotion ~ ~ ~ ~ ~				
13 Office expenses ~ ~ ~ ~ ~	<b>34,014.</b>		<b>34,014.</b>	
14 Information technology ~ ~ ~ ~ ~	<b>126,751.</b>		<b>126,751.</b>	
15 Royalties ~ ~ ~ ~ ~				
16 Occupancy ~ ~ ~ ~ ~	<b>243,392.</b>		<b>243,392.</b>	
17 Travel ~ ~ ~ ~ ~				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings ~ ~				
20 Interest ~ ~ ~ ~ ~				
21 Payments to affiliates ~ ~ ~ ~ ~				
22 Depreciation, depletion, and amortization ~ ~				
23 Insurance ~ ~ ~ ~ ~				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ~ ~				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e				
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)

		(A) Beginning of year	(B) End of year		
Assets	1	Cash - non-interest-bearing ~ ~ ~ ~ ~	1		
	2	Savings and temporary cash investments ~ ~ ~ ~ ~	2		
	3	Pledges and grants receivable, net ~ ~ ~ ~ ~	3		
	4	Accounts receivable, net ~ ~ ~ ~ ~	4		
	5	Receivables from current and former officers, directors, trustees, key			
	6		5		
	7		6		
	8		7		
	9		8		
	10a		9		
		10a			
		b	10b	10c	
	11		11		
	12		12		
	13		13		
	14		14		
15		15			
16	Total assets.		16		
Liabilities	17		17		
	18		18		
	19		19		
	20		20		
	21		21		
	22				
	23		22		
	24		23		
	25		24		
	26	Total liabilities.		25	
Net Assets or Fund Balances	27	Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34.		27	
	28			28	
	29			29	
	30	Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
	31			30	
	32			31	
	33			32	
	34			33	

**Part XI** Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ..... **X**

1	Total revenue (must equal Part VIII, column (A), line 12) ~ ~ ~ ~ ~	1	<b>60,903,807.</b>
2	Total expenses (must equal Part IX, column (A), line 25) ~ ~ ~ ~ ~	2	<b>57,217,582.</b>
3	Revenue less expenses. Subtract line 2 from line 1 ~ ~ ~ ~ ~	3	<b>3,686,225.</b>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~ ~ ~ ~ ~	4	<b>104,937,527.</b>
5	Other changes in net assets or fund balances (explain in Schedule O) ~ ~ ~ ~ ~	5	<b>&lt;1,858,230.&gt;</b>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<b>106,765,522.</b>

**Part XII** Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII .....

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

Form 990 (2011)



CALIFORNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Section A. Public Support

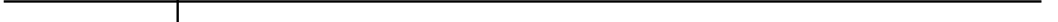
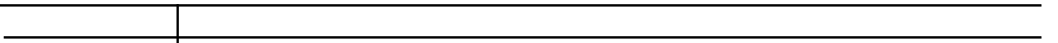
Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received... 2 Tax revenues levied for the organization's benefit... 3 The value of services or facilities furnished by a governmental unit... 4 Total. Add lines 1 through 3... 5 The portion of total contributions by each person... 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources... 9 Net income from unrelated business activities, whether or not the business is regularly carried on... 10 Other income. Do not include gain or loss from the sale of capital assets... 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions)... 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011... 15 Public support percentage from 2010 Schedule A, Part II, line 14... 16a 33 1/3% support test - 2011... b 33 1/3% support test - 2010... 17a 10% -facts-and-circumstances test - 2011... b 10% -facts-and-circumstances test - 2010... 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

Special Rules

(1)

(2)

exclusively

exclusively

exclusively

General Rule

Caution.

must

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) (2011)



Name of organization

Employer identification number



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

Name of organization	Employer identification number
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(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

(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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_____	_____ _____ _____	_____	Person Payroll Noncash 92 2 335.46 Tm (Nam

_____	_____ _____ _____	_____	
_____	_____ _____ _____	_____	

Name of organization <b>CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION</b>	Employer identification number <b>95- 6106694</b>
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**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION</b>	Employer identification number <b>95- 6106694</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) | \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Form 990 or 990-EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury  
Internal Revenue Service

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

See separate instructions.

Open to Public  
Inspection

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

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

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

Employer identification number

1

2

3

4a

b

1

2

4

5

Yes No  
Yes No

Form 1120-POL

Yes No


**CALIFORNIA STATE UNIVERSITY LONG BEACH**

Schedule C (Form 990 or 990-EZ) 2011

**RESEARCH FOUNDATION**

**95-6106694** Page 2

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) ~~~~~	<b>0.</b>													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) ~~~~~	<b>139,638.</b>													
c	Total lobbying expenditures (add lines 1a and 1b) ~~~~~	<b>139,638.</b>													
d	Other exempt purpose expenditures ~~~~~	<b>50993334.</b>													
e	Total exempt purpose expenditures (add lines 1c and 1d) ~~~~~	<b>51132972.</b>													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	<b>1,000,000.</b>													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) ~~~~~	<b>250,000.</b>													
h	Subtract line 1g from line 1a. If zero or less, enter -0- ~~~~~	<b>0.</b>													
i	Subtract line 1f from line 1c. If zero or less, enter -0- ~~~~~	<b>0.</b>													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	Yes	No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount	<b>1,000,000.</b>	<b>1,000,000.</b>	<b>1,000,000.</b>	<b>3,000,000.</b>
b	Lobbying ceiling amount (150% of line 2a, column(e))				<b>4,500,000.</b>
c	Total lobbying expenditures	<b>169,946.</b>	<b>166,865.</b>	<b>139,638.</b>	<b>476,449.</b>
d	Grassroots nontaxable amount	<b>250,000.</b>	<b>250,000.</b>	<b>250,000.</b>	<b>750,000.</b>
e	Grassroots ceiling amount (150% of line 2d, column (e))				<b>1,125,000.</b>
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2011

**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 each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers? ~ ~ ~ ~ ~			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ~			
c Media advertisements? ~ ~ ~ ~ ~			
d Mailings to members, legislators, or the public? ~ ~ ~ ~ ~			
e Publications, or published or broadcast statements? ~ ~ ~ ~ ~			
f Grants to other organizations for lobbying purposes? ~ ~ ~ ~ ~			
g Direct contact with legislators, their staffs, government officials, or a legislative body? ~ ~ ~ ~ ~			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ~ ~ ~ ~ ~			
i Other activities? ~ ~ ~ ~ ~			
j Total. Add lines 1c through 1i ~ ~ ~ ~ ~			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ~ ~ ~ ~ ~			
b If "Yes," enter the amount of any tax incurred under section 4912 ~ ~ ~ ~ ~			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ~ ~ ~ ~ ~			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? • • • • •			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? ~ ~ ~ ~ ~		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? ~ ~ ~ ~ ~		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? • • • • •		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1 Dues, assessments and similar amounts from members ~ ~ ~ ~ ~	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year ~ ~ ~ ~ ~	2a	
b Carryover from last year ~ ~ ~ ~ ~	2b	
c Total ~ ~ ~ ~ ~	2c	
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ~ ~ ~ ~ ~	4	
5 Taxable amount of lobbying and political expenditures (see instructions) • • • • •	5	

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

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Name of the organization

Employer identification number

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year ~~~~~		
2 Aggregate contributions to (during year) ~~~~~		
3 Aggregate grants from (during year) ~~~~~		
4 Aggregate value at end of year ~~~~~		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ~~~~~	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	Yes	No

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).
  - Preservation of land for public use (e.g., recreation or education)
  - Protection of natural habitat
  - Preservation of open space
  - Preservation of an historically important land area
  - Preservation of a certified historic structure
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
 

	Held at the End of the Tax Year
a Total number of conservation easements ~~~~~	2a
b Total acreage restricted by conservation easements ~~~~~	2b
c Number of conservation easements on a certified historic structure included in (a) ~~~~~	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ~~~~~	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | \_\_\_\_\_
- Number of states where property subject to conservation easement is located | \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ~~~~~ Yes No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year | \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year | \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ~~~~~ Yes No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - Revenues included in Form 990, Part VIII, line 1 B)(et works of art, historical m 990, Part VIII, line 12organization an3nd vo"Yes32 Tj1 0.0.1. line 6.
  - Assets included in Form 990, Part X



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d Loan or exchange programs
  - e Other \_\_\_\_\_

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ..... Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ..... Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ..... Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	46,269,016.	36,563,865.	31,070,237.	36,616,440.	
b Contributions .....	658,749.	3,645,470.	2,446,463.	2,932,451.	
c Net investment earnings, gains, and losses .....	<722,008.>	8,182,562.	3,873,745.	<7,905,436.>	
d Grants or scholarships .....	3,078,201.	423,916.	826,580.	573,218.	
e Other expenditures for facilities and programs .....	628,830.	1,698,965.			
f Administrative expenses .....					
g End of year balance .....	42,498,726.	46,269,016.	36,563,865.	31,070,237.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment | 3.00 %
  - b Permanent endowment | 89.00 %
  - c Temporarily restricted endowment | 8.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <input type="checkbox"/> | <input type="checkbox"/>            |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		17,066,474.		17,066,474.
b Buildings .....		32,936,634.	7,695,581.	25,241,053.
c Leasehold improvements .....				
d Equipment .....		3,307,623.	2,883,129.	424,494.
e Other .....		4,489,098.		4,489,098.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....				<b>47,221,119.</b>

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Schedule D (Form 990) 2011

**95- 6106694** Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		

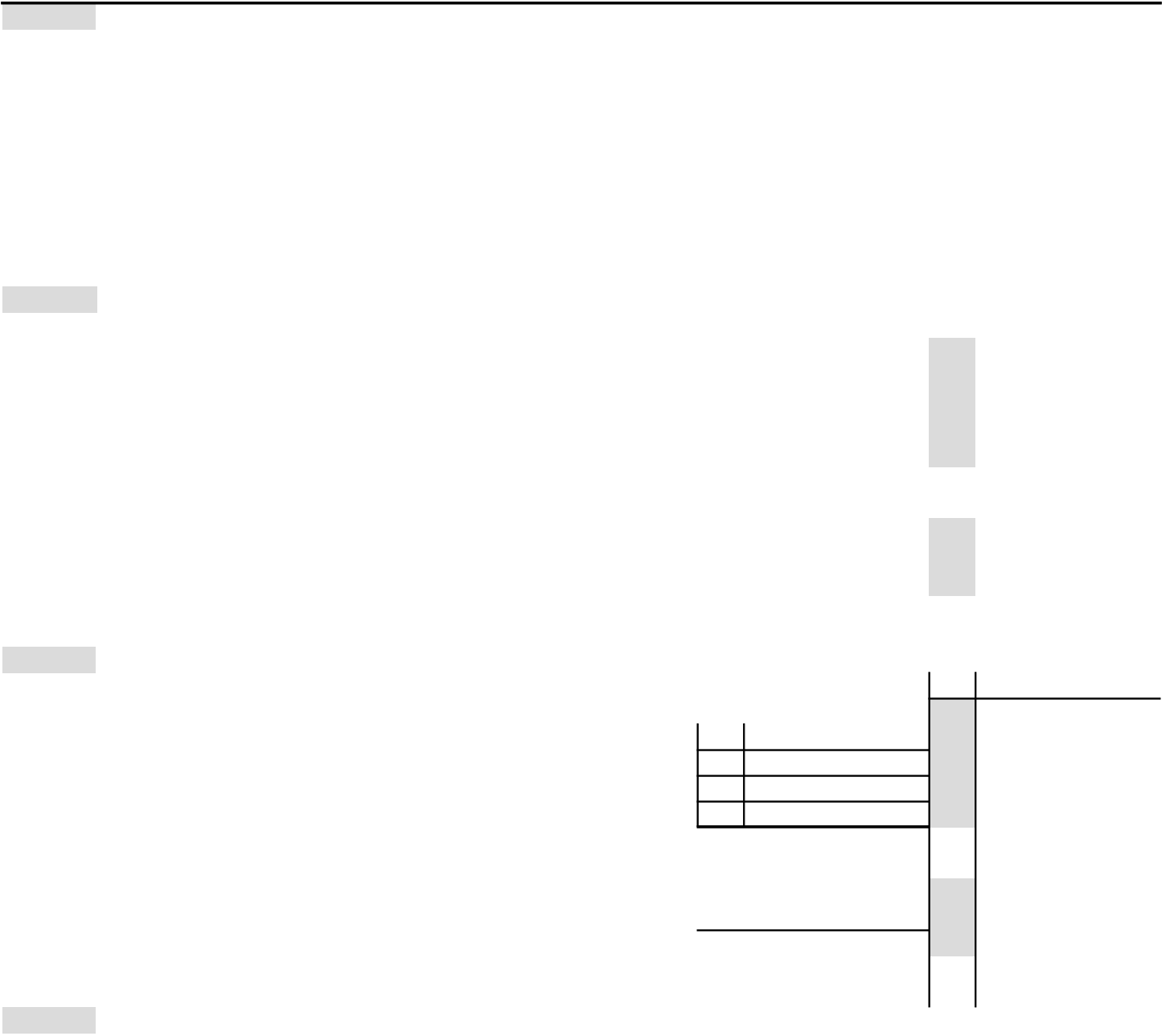
**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) . . . . .	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) <b>POST EMPLOYMENT BENEFITS</b>	
(3) <b>OBLIGATION</b>	<b>6, 899, 458.</b>
(4) <b>OTHER LIABILITIES</b>	<b>9, 430, 892.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) . . . . .	<b>16, 330, 350.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).



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 MARKET VALUE OF DONATED COLLECTION ITEMS WAS APPROXIMATELY \$73,000 AND \$230,000 FOR THE YEARS ENDED JUNE 30, 2012 AND 2011, RESPECTIVELY.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 728,969.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 728,969.

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

OMB No. 1545-0047

## 2011

Open To Public  
Inspection

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

Employer identification number  
**95-6106694**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
KKJZ FUNDRAISING, INC - 1288 N. BELLFLOWER BLVD., LONG	FUNDRAISING - KJAZZ RADIO STATION		X	1,597,183.	25,000.	1,572,183.
SILENT PARTNERS - 23961 CRAFTSMAN ROAD, SUITE K,	SILENT LIVE AUCTION - JEWELS OF THE NIGHT		X	175,486.	18,000.	157,486.
<b>Total</b>				<b>1,772,669.</b>	<b>43,000.</b>	<b>1,729,669.</b>

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**AK, AZ, CA, CO, MD, MA, MI, NH, WA, CT, DC, FL, GA, ID, IA, KY, LA, MT, MO, NE, NV, NJ, NC, ND, RI, SC, SD, TN, TX, VT, VA, WV, WY, HI, DE**

**CALIFORNIA STATE UNIVERSITY LONG BEACH**

**RESEARCH FOUNDATION**

Schedule G (Form 990 or 990-EZ) 2011

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		<b>SI LENT AUCTION</b>	<b>GOLF TOURNAMENT</b>	<b>1</b>		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts ~ ~ ~ ~ ~	155,251.	35,228.	56,300.	246,779.
	2	Less: Charitable contributions ~ ~ ~ ~ ~	54,172.	3,810.	26,960.	84,942.
	3	Gross income (line 1 minus line 2) . . . . .	101,079.	31,418.	29,340.	161,837.
Direct Expenses	4	Cash prizes ~ ~ ~ ~ ~	56,061.			56,061.
	5	Noncash prizes ~ ~ ~ ~ ~				
	6	Rent/facility costs ~ ~ ~ ~ ~		15,955.		15,955.
	7	Food and beverages ~ ~ ~ ~ ~			659.	659.
	8	Entertainment ~ ~ ~ ~ ~				
	9	Other direct expenses ~ ~ ~ ~ ~	45,018.	15,463.	28,681.	89,162.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ~ ~ ~ ~ ~				( 161,837.)
11	Net income summary. Combine line 3, column (d), and line 10 . . . . .				0.	

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

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

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

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

CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

95- 6106694 Page 3

Schedule G (Form 990 or 990-EZ) 2011

- 11 Does the organization operate gaming activities with nonmembers? ~ ~ ~ ~ ~ Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ~ ~ ~ ~ ~ Yes No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility ~ ~ ~ ~ ~	13a	%
b An outside facility ~ ~ ~ ~ ~	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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

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

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ~ ~ ~ ~ ~ Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization | \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party | \$ \_\_\_\_\_ .
- c If "Yes," enter name and address of the third party:

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

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

16 Gaming manager information:

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

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

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

\_\_\_\_\_

Director/officer                      Employee                      Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ~ ~ ~ ~ ~ Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year | \$ \_\_\_\_\_

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

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

**(I) NAME OF FUNDRAISER: KKJZ FUNDRAISING, INC**

**(I) ADDRESS OF FUNDRAISER: 1288 N. BELLFLOWER BLVD., LONG BEACH, CA 90815**

**(I) NAME OF FUNDRAISER: SILENT PARTNERS**

**(I) ADDRESS OF FUNDRAISER:**

**23961 CRAFTSMAN ROAD, SUITE K, CALABASAS, CA 91302**

**(II) ACTIVITY: SILENT LIVE AUCTION - JEWELS OF THE NIGHT FUNDRAISER**





SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

Employer identification number

**Part I** General Information on Grants and Assistance

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

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . .

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

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

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

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

Schedule I (Form 990) (2011)

**Part III** Grants and Other Assistance to Individuals in the United States.

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

**Part IV** Supplemental Information.

Supplemental information section consisting of multiple horizontal lines for text entry.

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury  
Internal Revenue Service

Attach to Form 990. See separate instructions.

Open to Public Inspection

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

		Yes	No		
<p>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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>First-class or charter travel</p> <p>Travel for companions</p> <p>Tax indemnification and gross-up payments</p> <p>Discretionary spending account</p> </td> <td style="width:50%; border: none;"> <p>Housing allowance or residence for personal use</p> <p>Payments for business use of personal residence</p> <p>Health or social club dues or initiation fees</p> <p>Personal services (e.g., maid, chauffeur, chef)</p> </td> </tr> </table>	<p>First-class or charter travel</p> <p>Travel for companions</p> <p>Tax indemnification and gross-up payments</p> <p>Discretionary spending account</p>	<p>Housing allowance or residence for personal use</p> <p>Payments for business use of personal residence</p> <p>Health or social club dues or initiation fees</p> <p>Personal services (e.g., maid, chauffeur, chef)</p>			
<p>First-class or charter travel</p> <p>Travel for companions</p> <p>Tax indemnification and gross-up payments</p> <p>Discretionary spending account</p>	<p>Housing allowance or residence for personal use</p> <p>Payments for business use of personal residence</p> <p>Health or social club dues or initiation fees</p> <p>Personal services (e.g., maid, chauffeur, chef)</p>				
b If any of the box.74 7., maJ (Fo of teer, chef)	1b				
2	2				
3					
4					
a	4a				
b	4b				
c	4c				
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>					
5					
a	5a				
b	5b				
6					
a	6a				
b	6b				
7	7				
8	8				
9	9				

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

Schedule J (Form 990) 2011

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

**95- 6106694**

Schedule J (Form 990) 2011

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. F. KING ALEXANDER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	320,329.	0.	0.	57,650.	18,736.	396,715.	0.
2 ANDREA TAYLOR	(i)	0.	0.	7,200.	0.	0.	7,200.	0.
	(ii)	187,896.	0.	0.	33,816.	18,380.	240,092.	0.
3 DR. DON PARA	(i)	0.	0.	7,200.	0.	0.	7,200.	0.
	(ii)	230,004.	0.	0.	41,394.	13,796.	285,194.	0.
4 MARY STEPHENS	(i)	0.	0.	7,200.	0.	0.	7,200.	0.
	(ii)	206,004.	0.	0.	37,075.	7,353.	250,432.	0.
5 BRIAN NOWLIN	(i)	158,097.	0.	0.	15,810.	7,835.	181,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DANIEL MONSON	(i)	98,868.	165,833.	0.	0.	0.	264,701.	0.
	(ii)	187,992.	0.	6,912.	33,833.	18,380.	247,117.	0.
7 STANLEY WHEATLEY	(i)	147,458.	0.	0.	14,599.	2,760.	164,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MODRIS TIDEMANIS	(i)	146,227.	0.	3,600.	14,277.	13,346.	177,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990. See separate instructions.

Open to Public Inspection

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description	40156.9101		5010		(i)	
						Yes	No	Yes	No	Yes	No
A											
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?									

Part III Private Business Use									
1	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
2									

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Schedule K (Form 990) 2011

**95- 6106694**

Page 2

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property? .....		<b>X</b>		<b>X</b>		<b>X</b>		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?						<b>X</b>		
c Are there any research agreements that may result in private business use of bond-financed property?		<b>X</b>		<b>X</b>		<b>X</b>		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ..	. 00 %		. 00 %		. 00 %			
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 ..	. 00 %		. 00 %		. 00 %			
6 Total of lines 4 and 5 .....	. 00 %		. 00 %		. 00 %			
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....	<b>X</b>		<b>X</b>		<b>X</b>			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		<b>X</b>		<b>X</b>		<b>X</b>		
2 Is the bond issue a variable rate issue? .....		<b>X</b>		<b>X</b>		<b>X</b>		
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		<b>X</b>		<b>X</b>		<b>X</b>		
b Name of provider .....	N/A		N/A		N/A			
c Term of hedge .....								
d Was the hedge superintergrated? .....		<b>X</b>		<b>X</b>		<b>X</b>		
e Was the hedge terminated? .....		<b>X</b>		<b>X</b>		<b>X</b>		
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		<b>X</b>		<b>X</b>		<b>X</b>		
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?		<b>X</b>		<b>X</b>		<b>X</b>		
5 Were any gross proceeds invested beyond an available temporary period? .....		<b>X</b>		<b>X</b>		<b>X</b>		
6 Did the bond issue qualify for an exception to rebate? .....		<b>X</b>		<b>X</b>		<b>X</b>		

**Part V Procedures To Undertake Corrective Action**

Check the box if 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 .....

Yes **X** No

**Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.**

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

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.

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

Employer identification number  
**95- 6106694**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art ~ ~ ~ ~ ~	<b>X</b>	<b>6</b>	<b>73, 000.</b>	<b>APPRAISAL</b>
2 Art - Historical treasures ~ ~ ~ ~ ~				
3 Art - Fractional interests ~ ~ ~ ~ ~				
4 Books and publications ~ ~ ~ ~ ~				
5 Clothing and household goods ~ ~ ~ ~ ~				
6 Cars and other vehicles ~ ~ ~ ~ ~	<b>X</b>	<b>1</b>	<b>7, 954.</b>	<b>FMV</b>
7 Boats and planes ~ ~ ~ ~ ~				
8 Intellectual property ~ ~ ~ ~ ~				
9 Securities - Publicly traded ~ ~ ~ ~ ~	<b>X</b>	<b>16</b>	<b>198, 296.</b>	<b>FMV</b>
10 Securities - Closely held stock ~ ~ ~ ~ ~				
11 Securities - Partnership, LLC, or trust interests ~ ~ ~ ~ ~				
12 Securities - Miscellaneous ~ ~ ~ ~ ~				
13 Qualified conservation contribution - Historic structures ~ ~ ~ ~ ~				
14 Qualified conservation contribution - Other ~ ~ ~ ~ ~				
15 Real estate - Residential ~ ~ ~ ~ ~				
16 Real estate - Commercial ~ ~ ~ ~ ~				
17 Real estate - Other ~ ~ ~ ~ ~				
18 Collectibles ~ ~ ~ ~ ~				
19 Food inventory ~ ~ ~ ~ ~				
20 Drugs and medical supplies ~ ~ ~ ~ ~				
21 Taxidermy ~ ~ ~ ~ ~				
22 Historical artifacts ~ ~ ~ ~ ~				
23 Scientific specimens ~ ~ ~ ~ ~				
24 Archeological artifacts ~ ~ ~ ~ ~				
25 Other <input checked="" type="checkbox"/> ( _____ )				
26 Other <input checked="" type="checkbox"/> ( _____ )				
27 Other <input checked="" type="checkbox"/> ( _____ )				
28 Other <input checked="" type="checkbox"/> ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ~ ~ ~ ~ ~ **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ~ ~ ~ ~ ~		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? ~ ~ ~ ~ ~	<b>X</b>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ~ ~ ~ ~ ~	<b>X</b>	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



A series of horizontal lines providing a template for text entry, spanning the width of the page.



# 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.

Name of the organization

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Employer identification number  
**95-6106694**

**FORM 990, PART VI, SECTION B, LINE 11: A SUBCOMMITTEE OF DIRECTORS, THE  
INVESTMENT AND FINANCE COMMITTEE, APPROVES 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".**

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

Employer identification number  
**95- 6106694**

**FORM 990, PART I, LINE 16B**

**FUNDRAISING EXPENSES**

**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.**

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
Attach to Form 990. See separate instructions.

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

**Part I** Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II** Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>CALIFORNIA STATE UNIVERSITY, LONG BEACH - 93-1150363, 1250 BELLFLOWER BLVD, LONG BEACH, CA 90802</b>	<b>PUBLIC UNIVERSITY</b>	<b>CALIFORNIA</b>	<b>501(C)(3)</b>	<b>170(B)(1) (A)(II)</b>	<b>N/A</b>		<b>X</b>

Part III Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g)	(h) Disproportionate allocations?		(i)	(j) General or managing partner?		(k)
							Yes	No				



		(c) Legal domicile (state or foreign country)	(d)	(e)	(f)	(g)	(h) Disproportionate allocations?	(i)	(j) General or managing partner?	(k)



Part VI Unrelated Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e) Are all partners sec. 501(c)(3) orgs.?		(f)	(g)	(h) Dispropor- tionate allocations?		(i)	(j) General or managing partner?		(k)
				Yes	No			Yes	No		Yes	NO	

