

Form
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)

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization D Employer identification number
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number
City, town, or post office, state, and ZIP code
F Name and address of principal officer:
G Gross receipts \$
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: | H(c) Group exemption number |

K Form of organization: Corporation Trust Association Other | L Year of formation: | M State of legal domicile:

1 Briefly describe the organization's mission or most significant activities:
2 Check this box | 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
4 Number of independent voting members of the governing body (Part VI, line 1b) 4
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5
6 Total number of volunteers (estimate if necessary) 6
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
b Net unrelated business taxable income from Form 990-T, line 34 7b

Table with 3 columns: Revenue, Prior Year, Current Year. Rows 8-12: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue.

Table with 3 columns: Expenses, Prior Year, Current Year. Rows 13-18: Grants and similar amounts paid, Benefits paid to or for members, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses.

Table with 3 columns: Net Assets or Fund Balances, Beginning of Current Year, End of Year. Rows 19-22: Revenue less expenses, 20, 21, 22

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, the information 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, Date, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Yes No



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

1 Briefly describe the organization's mission:

Three horizontal lines for describing the organization's mission.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ~~~~~

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in h3RzR23iITm (Did the oanificicant program 7 the o, Tm (If "Yes," describe the o

4

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

Multiple horizontal lines for reporting expenses and revenue for section 4a.

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

Multiple horizontal lines for reporting expenses and revenue for section 4b.

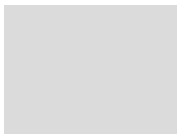
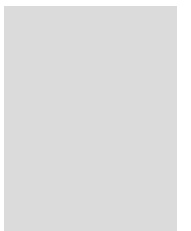
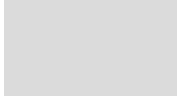
4c Code: _____ Expenses \$ _____ including grants of \$ _____ Revenue \$ _____

Multiple horizontal lines for reporting expenses and revenue for section 4c.

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

4e Total program service expenses

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



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

		Yes	No
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b			
2			
3			
4			
5			
6			
7a			
b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a			
b			
9	If "Yes," provide the names and addresses in Schedule O		

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

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

17 _____
 18 _____
 19 _____
 20 _____

(explain in Schedule O)



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ~~~~~							1,080,898.	1,347,242.	482,932.	
c Total from continuation sheets to Part VII, Section A ~~~~~							0.	0.	0.	
d Total (add lines 1b and 1c)							1,080,898.	1,347,242.	482,932.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | 15

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

Section B. Independent Contractors

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

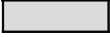
(A) Name and business address	(B) Description of services	(C) Compensation
DANIEL BINKERD 3353 W. 1775 NORTH, PLAIN CITY, UT 84404	INDEPENDENT CONTRACTOR	110,757.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | 1

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~~~~~ 1a					
	b	Membership dues ~~~~~ 1b					
	c	Fundraising events ~~~~~ 1c					
	d	Related organizations ~~~~~ 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	Business Code						
	2 a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue ~~~~~					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)~~~~~					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents ~~~~~	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ~~~					
	c	Rental income or (loss) ~~					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Secur	70.20	4j 1 0 0 1	279. Secu	4Tm (8 Tm les of) Tj 1 0 0 1 73Personal
	b						
c							
d							
8 a	_____	a					
		b					
9 a	_____	a					
		b					
10 a	_____	a					
		b					
11 a	_____						
b	_____						
c	_____						
d	_____						
e	Total.						
12	Total revenue See instructions.						

		(A)		(B)
Assets	1		1	
	2		2	
	3		3	
	4		4	
	5		5	
	6		6	
	7		7	
	8		8	
	9		9	
	10a	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		22	
	23		23	
	24		24	
	25		25	
	26	Total liabilities.		26
Net Assets or Fund Balances	27	Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), check here and complete lines 30 through 34.	30	
	31		31	
	32		32	
	33		33	
	34		34	



- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

1	



SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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. See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____		
(ii) A family member of a person described in (i) above? _____		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~ ~ ~ ~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~ ~ ~						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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 (Explain in Part IV.) ~ ~ ~ ~						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					12	

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	15	%

16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |

b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |

17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, stop here.

b 10% -facts-and-circumstances test - 2011. stop here.

18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 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: Description, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) ~~~~~ 15 %; Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 ~~~~~ 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) ~~~~~ 17 %; Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 ~~~~~ 18 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~ |; b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ~~~~~ |; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, 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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2)

exclusively

exclusively

exclusively

General Rule

Caution.
must

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



(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 (Name

_____	_____	_____	
-------	-------	-------	--

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

Employer identification number
95-6106694

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	_____ _____ _____	\$ <u>1,687,862.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<u>8</u>	_____ _____ _____	\$ <u>1,702,334.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<u>9</u>	_____ _____ _____	\$ <u>4,246,839.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<u>10</u>	_____ _____ _____	\$ <u>2,532,644.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
<u>11</u>	_____ _____ _____	\$ <u>911,931.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
CALIFORNIA STATE UNIVERSITY LONG BEACH
 RESEAR,88.60 Tm (Par FOUNDATI10 Tm (CAN Tm (RESORNIA STATE UNIVERSITY LN21 358.20 154.Tj 1 0 0 1j 1 0 0 1 40.

Employer identification number

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

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 on line 1.)

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	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

J Complete if the organization is described below. **J** 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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political expenditures _____ **J** \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041
01-07-13

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	Total lobbying expenditures to influence a legislative body (direct lobbying) ~~~~~	108,000.													
c	Total lobbying expenditures (add lines 1a and 1b) ~~~~~	108,000.													
d	Other exempt purpose expenditures ~~~~~	53,594,498.													
e	Total exempt purpose expenditures (add lines 1c and 1d) ~~~~~	53,702,498.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <tr> <td>If the amount on line 1e, column (a) or (b) is:</td> <td>The lobbying nontaxable amount is:</td> </tr> <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> </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) ~~~~~	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0- ~~~~~	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0- ~~~~~	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		Yes No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	169,946.	166,865.	139,638.	108,000.	584,449.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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? ~~~~~	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? ~~~~~	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? *****	3	

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 (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | _____

4 Number of states where property subject to conservation easement is located | _____

5 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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year | _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year | \$ _____

8 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

9 In Part XIII, 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.

1a 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 XIII, the text of the footnote to its financial statements that describes these items.

b 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:

(i) Revenues included in 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ~~~~~ | \$ _____

b Assets included in Form 990, Part X ~~~~~ | \$ _____

--	--

3

a d
b e _____
c
4
5

Yes No

--	--

1a

Yes b No

b

c

d

e

f

2a

b

1c	
1d	
1e	
1f	

Yes No

--	--

1a

b

c

d

e

f

g

2

a

b

c

	(a)	(b)	(c)	(d)	(e)
1a					
b					
c					
d					
e					
f					
g					

3a

b

4

--	--

**CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION**

Schedule D (Form 990) 2012

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.

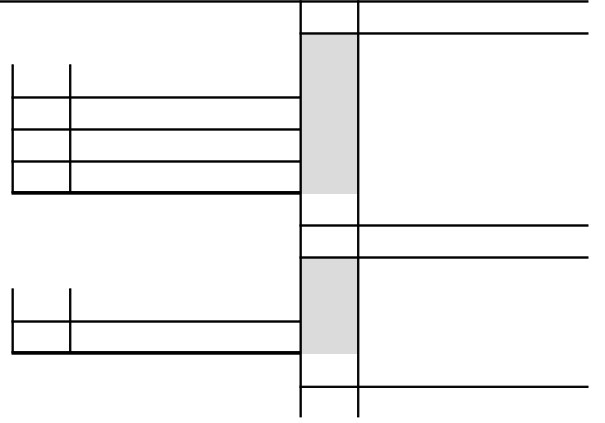
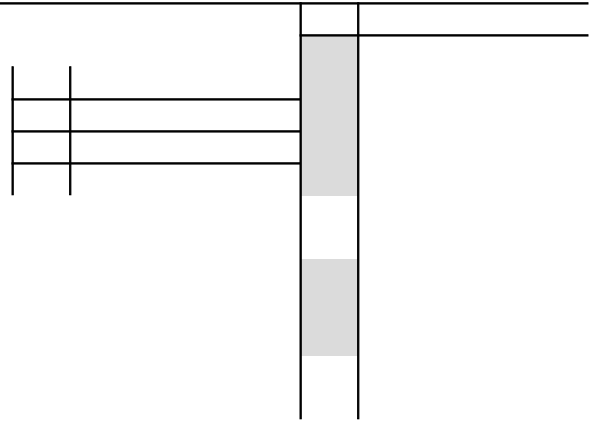
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) POST EMPLOYMENT BENEFITS OBLIGATION	8,412,265.
(3) CHAR. REMAINDER TRUST AND CHAR. GIFT ANNUITY LIABILITY	9,160,638.
(4) AMOUNTS DUE TO 49ER FOUNDATION	586,928.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	18,159,831.

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012



Part XIII Supplemental Information (continued)

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, 2013 AND 2012, RESPECTIVELY.

SCHEDULE D, PART V

ON JULY 1, 2012, THE CSULB 49ER FOUNDATION BEGAN OPERATIONS WITH THE
PURPOSE TO PROMOTE PHILANTHROPY AND MANAGE THE RESOURCES PREVIOUSLY
DONATED TO THE RESEARCH FOUNDATION BUT DESIGNATED FOR UNIVERSITY-RELATED
USES. AS A RESULT, DONATED ASSETS PREVIOUSLY HELD BY THE RESEARCH
FOUNDATION WERE TRANSFERRED TO THE 49ER FOUNDATION TO ADMINISTER GOING
FORWARD.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

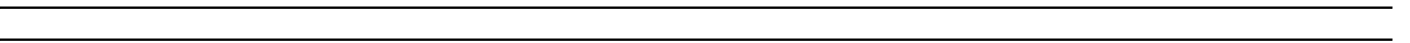
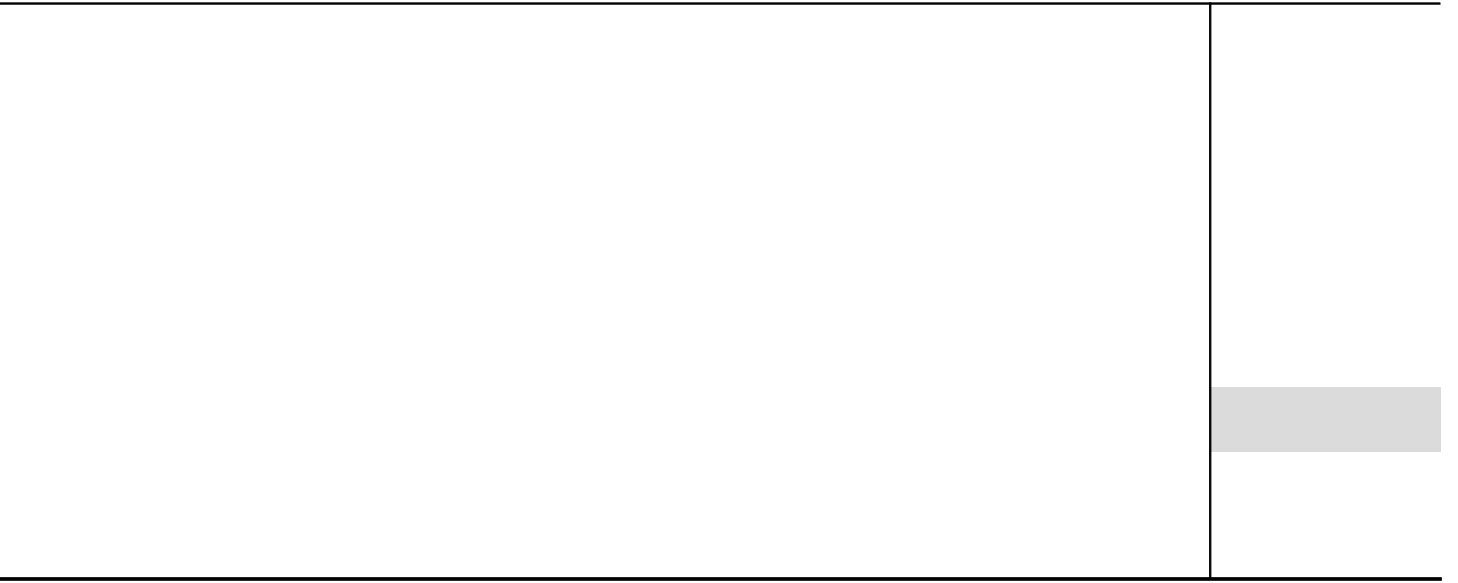
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
| Attach to Form 990 or Form 990-EZ. | See separate instructions.

Open To Public
Inspection

Employer identification number

- 1
 - a e
 - b f
 - c g
 - d
- 2 a Yes No
- b

(i)	(ii)	(iii) Did fundraiser have custody or control of contributions?		(iv)	(v)	(vi)
		Yes	No			



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

13a	
13b	

13
a
b
14

15a Yes No

b _____

c _____

16

17

a Yes No

b

Supplemental Information.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): CSULB FOUNDATION PAID AN ORGANIZATION TO FUNDRAISE FOR KJAZZ RADIO STATION THAT IS OPERATED ON THE CSULB CAMPUS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization	(b)	(c)	(d)	(e)	(f) Method of valuation (book, FMV, appraisal, other)	(g)	(h)

2
3

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, 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 FY2012-2013.



Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: THE ORGANIZATION INCURS THE COST OF MEMBERSHIP OF A
SOCIAL CLUB FOR DANIEL MONSON FOR BUSINESS NETWORKING PURPOSES.
ACCORDINGLY, NO PART OF THIS BENEFIT IS INCLUDED IN DANIEL'S TAXABLE
COMPENSATION.

THE ORGANIZATION PAYS FOR HOUSEKEEPING SERVICES FOR A RESIDENCE OWNED BY
THE TRUSTEES OF CALIFORNIA STATE UNIVERSITY. THE RESIDENCE IS OCCUPIED BY
THE PRESIDENT OF THE UNIVERSITY.

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

95-6106694

Schedule K (Form 990) 2012

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?		X		X		X		
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 government00 %		.00 %		.00 %		%
6 Total of lines 4 and 500 %		.00 %		.00 %		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?	X		X		X			
c No rebate due?		X		X		X		
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	N/A		N/A		N/A			
c Term of hedge								
d Was the hedge superintegrated?		X		X		X		
e Was the hedge terminated?		X		X		X		

CALIFORNIA STATE UNIVERSITY LONG BEACH
RESEARCH FOUNDATION

95-6106694

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	N/A		N/A		N/A			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

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

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

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Employer identification number

	(a)	(b)	(c)	(d)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

| Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
| Attach certified copies of any articles of dissolution, resolutions, or plans.
| Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number

Part I Liquidation, Termination, or Dissolution.

1	(a)	(b)	(c)	(d)	(e)	(f)	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

2
a
b
c
d
e

	Yes	No
2a		
2b		
2c		
2d		

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

Part I Liquidation, Termination, or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	Yes	No
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?		
4b	If "Yes," did the organization provide such notice?		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?		
6a	Did the organization have any tax-exempt bonds outstanding during the year?		
6b	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?		
c. If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
ENDOWMENTS		07/01/12	53,525,874.	ACCRUAL	45-2163910	CSULB 49ER FOUNDATION 6300 E. STATE UNIVERSITY DRIVE LONG BEACH, CA 90812	501(C)(3)

2	Did or will any officer, director, trustee, or key employee of the organization:	Yes	No
2a	Become a director or trustee of a successor or transferee organization?		X
2b	Become an employee of, or independent contractor for, a successor or transferee organization?		X
2c	Become a direct or indirect owner of a successor or transferee organization?		X
2d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X
e. If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. 9			

Part III

Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

ON JULY 1, 2012, THE CSULB 49ER FOUNDATION BEGAN OPERATIONS WITH THE PURPOSE TO PROMOTE PHILANTHROPY AND MANAGE THE RESOURCES PREVIOUSLY DONATED TO THE RESEARCH FOUNDATION BUT DESIGNATED FOR UNIVERSITY-RELATED USES. AS A RESULT, DONATED ASSETS PREVIOUSLY HELD BY THE RESEARCH FOUNDATION WERE TRANSFERRED TO THE 49ER FOUNDATION TO ADMINISTER GOING FORWARD.

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 III, LINE 3, CHANGES IN PROGRAM SERVICES:

ON JULY 1, 2012, THE CSULB 49ER FOUNDATION BEGAN OPERATIONS WITH THE
PURPOSE TO PROMOTE PHILANTHROPY AND MANAGE THE RESOURCES PREVIOUSLY
DONATED TO THE RESEARCH FOUNDATION BUT DESIGNATED FOR
UNIVERSITY-RELATED USES. AS A RESULT, DONATED ASSETS PREVIOUSLY HELD BY
THE RESEARCH FOUNDATION WERE TRANSFERRED TO THE 49ER FOUNDATION TO
ADMINISTER GOING FORWARD.

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

FORM 990, PART VI, SECTION B, LINE 15: WHEN DETERMINING THE SALARY OF KEY
EMPLOYEES, THE FOUNDATION CONSULTS ON WAGE AND SALARY INFORMATION FROM A
VARIETY OF SOURCES WHICH INCLUDE, BUT ARE NOT LIMITED TO: THE ANNUAL
AUXILIARY ORGANIZATION ASSOCIATION (AOA) COMPENSATION SURVEY, THE
PREVAILING CALIFORNIA STATE UNIVERSITY, LONG BEACH SALARY RATE AND MARKET
VALUE ASSOCIATED WITH THE SAME/SIMILAR POSITIONS WITHIN THE SAME GEOGRAPHIC
AREA. KEY EMPLOYEE SALARIES ARE THEN APPROVED BY THE MOST SENIOR LEVEL
WITHIN THE FOUNDATION AND/OR THE PRESIDENT/VICE PRESIDENT DEPENDING UPON
THE POSITION.

Name of the organization	CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number	95-6106694
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FORM 990, PART VI, SECTION C, LINE 19: THE TAX EXEMPT APPLICATION,
DETERMINATION LETTER, ARTICLES OF INCORPORATION, BY-LAWS, AND FORM 990 ARE
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT OUR MAIN OFFICE.

FORM 990, PART VI, LINE 13
THE ORGANIZATION FOLLOWS CSU'S WHISTLEBLOWER POLICY AND IS IN THE
PROCESS OF IMPLEMENTING AND OBTAINING BOARD APPROVAL OF ITS OWN
WHISTLEBLOWER POLICY.

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

CONSULTING:

PROGRAM SERVICE EXPENSES	7,658,444.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	130,905.
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TOTAL EXPENSES	7,789,349.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,789,349.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF NET POSITION TO CSULB 49ER FOUNDATION	-53,525,874.
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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.

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						Section 512(b)(13) controlled entity?	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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



Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "1" to 290012 or 290041)

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f)	(g)	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 29 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k)
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Series of horizontal lines for supplemental information.