

Form **990**

Return of Organization Exempt From Income Tax  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public  
Inspection

**JUL 1, 2020**

**JUN 30, 2021**

|                                                                                                                                             |                                                                                           |                                                                                                                                                                          |                       |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------|
| Check if applicable:<br>Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending | Name of organization<br><b>CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION</b> |                                                                                                                                                                          |                       |                                                                   |
|                                                                                                                                             | Doing business as                                                                         |                                                                                                                                                                          | <b>95-6106694</b>     |                                                                   |
|                                                                                                                                             | Number and street (or P.O. box if mail is not delivered to street address)                | Room/suite                                                                                                                                                               | Telephone number      |                                                                   |
|                                                                                                                                             | <b>6300 E. STATE UNIVERSITY DR.</b>                                                       | <b>332</b>                                                                                                                                                               | <b>(562) 985-5537</b> |                                                                   |
| City or town, state or province, country, and ZIP or foreign postal code                                                                    |                                                                                           | Gross receipts \$                                                                                                                                                        |                       | <b>50,348,257.</b>                                                |
| <b>LONG BEACH, CA 90815</b>                                                                                                                 |                                                                                           | Is this a group return for subordinates? ~ ~                                                                                                                             |                       | <b>X</b>                                                          |
| Name and address of principal officer: <b>SCOTT APEL</b>                                                                                    |                                                                                           | Are all subordinates included?                                                                                                                                           |                       |                                                                   |
| <b>SAME AS C ABOVE</b>                                                                                                                      |                                                                                           | If "No," attach a list. See instructions                                                                                                                                 |                       |                                                                   |
| Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) § (insert no.) 4947(a)(1) or 527       |                                                                                           | Group exemption number                                                                                                                                                   |                       |                                                                   |
| <b>WWW.FOUNDATION.CSULB.EDU</b>                                                                                                             |                                                                                           | Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other |                       | Year of formation: <b>1956</b> State of legal domicile: <b>CA</b> |

**Part I Summary**

Briefly describe the organization's mission or most significant activities: **SUPPORTING RESEARCH, COMMUNITY SERVICE, ENTREPRENEURSHIP, AND SPONSORED PROGRAMS.**

Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|                                                                               |       |             |
|-------------------------------------------------------------------------------|-------|-------------|
| Number of voting members of the governing body (Part VI, line 1a)             | ~~~~~ | <b>11</b>   |
| Number of independent voting members of the governing body (Part VI, line 1b) | ~~~~~ | <b>3</b>    |
| Total number of individuals employed in calendar year 2020 (Part V, line 2a)  | ~~~~~ | <b>1227</b> |
| Total number of volunteers (estimate if necessary)                            | ~~~~~ | <b>30</b>   |
| Total unrelated business revenue from Part VIII, column (C), line 12          |       | <b>0.</b>   |
| Net unrelated business taxable income from Form 990-T, Part I, line 11        |       | <b>0.</b>   |

|                             |                           |                    |                    |
|-----------------------------|---------------------------|--------------------|--------------------|
| Net Assets or Fund Balances |                           | <b>39,008,774.</b> | <b>36,598,682.</b> |
|                             |                           | <b>9,197,487.</b>  | <b>7,546,412.</b>  |
|                             |                           | <b>1,133,677.</b>  | <b>1,273,553.</b>  |
|                             |                           | <b>915,968.</b>    | <b>1,914,353.</b>  |
|                             |                           | <b>50,255,906.</b> | <b>47,333,000.</b> |
|                             |                           | <b>4,322,359.</b>  | <b>2,479,523.</b>  |
|                             |                           | <b>0.</b>          | <b>0.</b>          |
|                             |                           | <b>26,333,858.</b> | <b>25,785,036.</b> |
|                             |                           | <b>25,000.</b>     | <b>25,000.</b>     |
|                             |                           | <b>15,460,128.</b> | <b>19,275,282.</b> |
|                             |                           | <b>46,141,345.</b> | <b>47,564,841.</b> |
|                             |                           | <b>4,114,561.</b>  | <b>-231,841.</b>   |
|                             | Beginning of Current Year |                    |                    |
|                             | <b>100,699,557.</b>       | <b>99,123,529.</b> |                    |
|                             | <b>64,313,892.</b>        | <b>60,568,908.</b> |                    |
|                             | <b>36,385,665.</b>        | <b>38,554,621.</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.

|                   |                                                                      |                                                 |                               |                                                 |
|-------------------|----------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------------------|
| Paid              | Signature of officer<br><b>BRIAN NOWLIN, CHIEF OPERATING OFFICER</b> |                                                 | Date                          |                                                 |
|                   | Type or print name and title                                         |                                                 |                               |                                                 |
| Preparer Use Only | Print/Type preparer's name<br><b>DONITA M. JOSEPH</b>                | Preparer's signature<br><b>DONITA M. JOSEPH</b> | Date<br><b>11/08/21</b>       | Check if self-employed <input type="checkbox"/> |
|                   | Firm's name<br><b>WINDS, INC.</b>                                    | Firm's EIN <b>95-3001179</b>                    |                               | PTIN<br><b>P00286656</b>                        |
|                   | Firm's address<br><b>P. O. BOX 87<br/>LONG BEACH, CA 90801</b>       |                                                 | Phone no. <b>562-435-1191</b> |                                                 |

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RESEARCH FOUNDATION

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Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ~~~~~ Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ~~~~~ Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ **45,395,828.** including grants of \$ **2,479,523.** ) (Revenue \$ **7,546,412.** )  
**THE FOUNDATION IS A NONPROFIT ORGANIZATION FORMED TO SUPPORT AND ADVANCE THE MISSION OF CALIFORNIA STATE UNIVERSITY, LONG BEACH (THE UNIVERSITY). TO FULFILL THIS MISSION, THE FOUNDATION PURSUES A WIDE RANGE OF OPPORTUNITIES IN THE AREAS OF GRANTS AND CONTRACTS, CAMPUS PROGRAMS, PUBLIC-PRIVATE PARTNERSHIPS, TECHNOLOGY TRANSFER, AND OTHER ENTREPRENEURIAL ACTIVITIES TO COMPLEMENT AND STRENGTHEN THE UNIVERSITY'S TEACHING, RESEARCH, SCHOLARLY, CREATIVE, AND PUBLIC SERVICE GOALS.**

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

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

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

4e Total program service expenses | **45,395,828.**

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|     |                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br>If "Yes," complete Schedule A ~ ~ ~ ~ ~                                                                                                                                                                      | 1   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? ~ ~ ~ ~ ~                                                                                                                                                                                                                            | 2   |    |
| 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 ~ ~ ~ ~ ~                                                                                                                      | 3   |    |
| 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 ~ ~ ~ ~ ~                                                                                                              | 4   |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ~ ~ ~ ~ ~                                                                               | 5   |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I ~ ~ ~ ~ ~                                                    | 6   |    |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ~ ~ ~ ~ ~                                                                                            | 7   |    |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~ ~ ~ ~ ~                                                                                                                                                         | 8   |    |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ~ ~ ~ ~ ~            | 9   |    |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V ~ ~ ~ ~ ~                                                                                                                                | 10  |    |
| 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 ~ ~ ~ ~ ~                                                                                                                                                                       | 11a |    |
| 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 ~ ~ ~ ~ ~                                                                                                  | 11b |    |
| 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 ~ ~ ~ ~ ~                                                                                                  | 11c |    |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX ~ ~ ~ ~ ~                                                                                                                     | 11d |    |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~                                                                                                                                                                                     | 11e |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ~ ~ ~ ~ ~                                                            | 11f |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ~ ~ ~ ~ ~                                                                                                                                                          | 12a |    |
| 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 ~ ~ ~ ~ ~                                                                           | 12b |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ~ ~ ~ ~ ~                                                                                                                                                                                                         | 13  |    |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? ~ ~ ~ ~ ~                                                                                                                                                                                                               | 14a |    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ~ ~ ~ ~ ~ | 14b |    |
| 15  | If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                                                                                                                      | 15  |    |
| 16  | If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                                                                                                                                     | 16  |    |
| 17  | If "Yes," complete Schedule G, Part I                                                                                                                                                                                                                                                                               | 17  |    |
| 18  | If "Yes," complete Schedule G, Part II                                                                                                                                                                                                                                                                              | 18  |    |
| 19  | If "Yes," complete Schedule G, Part III                                                                                                                                                                                                                                                                             | 19  |    |
| 20a | If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                       | 20a |    |
| b   |                                                                                                                                                                                                                                                                                                                     | 20b |    |
| 21  | If "Yes," complete Schedule I, Parts I and II                                                                                                                                                                                                                                                                       | 21  |    |

|       |                                                             | Yes | No |
|-------|-------------------------------------------------------------|-----|----|
| 22    |                                                             |     |    |
| 23    |                                                             |     |    |
| 24a   |                                                             |     |    |
| b     |                                                             |     |    |
| c     |                                                             |     |    |
| d     |                                                             |     |    |
| 25a   | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. |     |    |
| b     |                                                             |     |    |
| 26    |                                                             |     |    |
| 27    |                                                             |     |    |
| 28    |                                                             |     |    |
| a     |                                                             |     |    |
| b     |                                                             |     |    |
| c     |                                                             |     |    |
| 29    |                                                             |     |    |
| 30    |                                                             |     |    |
| 31    |                                                             |     |    |
| 32    |                                                             |     |    |
| 33    |                                                             |     |    |
| 34    |                                                             |     |    |
| 35a   |                                                             |     |    |
| b     |                                                             |     |    |
| 36    | Section 501(c)(3) organizations.                            |     |    |
| 37    |                                                             |     |    |
| 38    |                                                             |     |    |
| Note: |                                                             |     |    |

|    |  | Yes | No |
|----|--|-----|----|
| 1a |  |     |    |
| b  |  |     |    |
| c  |  |     |    |

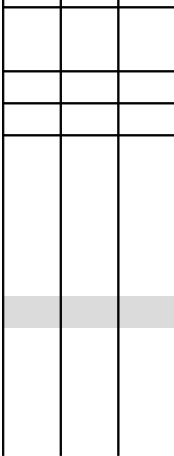
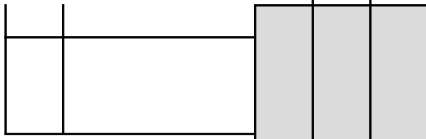
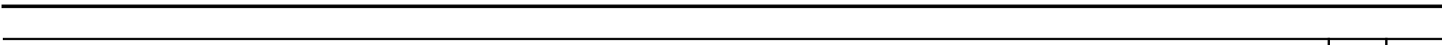
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RESEARCH FOUNDATION**

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|     |                                                                                                                                                                                                                                                  | Yes      | No       |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~ 2a <b>1227</b>                                               |          |          |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~<br>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) ~~~~~          | <b>X</b> |          |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~                                                                                                                                              |          | <b>X</b> |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O ~~~~~                                                                                                                                |          |          |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ~~~~~ |          | <b>X</b> |
| b   | If "Yes," enter the name of the foreign country <u>J</u> _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                            |          |          |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ~~~~~                                                                                                                                      |          | <b>X</b> |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ~~~~~                                                                                                                           |          | <b>X</b> |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ~~~~~                                                                                                                                                                          |          |          |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ~~~~~                                    |          | <b>X</b> |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ~~~~~                                                                                              |          |          |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                    |          |          |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ~~~~~                                                                                            | <b>X</b> |          |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~~~                                                                                                                                            | <b>X</b> |          |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....                                                                                                       |          | <b>X</b> |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~ 7d                                                                                                                                                                       |          |          |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ~~~~~                                                                                                                            |          | <b>X</b> |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ~~~~~                                                                                                                               |          |          |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ~~~~~                                                                                                           |          |          |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ~~~~~                                                                                                         |          |          |
| 8   | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ~~~~~                                                    |          |          |
| 9   | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                        |          |          |
| a   | Did the sponsoring organization make any taxable distributions under section 4966? ~~~~~                                                                                                                                                         |          |          |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ~~~~~                                                                                                                                          |          |          |
| 10  | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                          |          |          |
| a   | Initiation fees and capital contributions included on Part VIII, line 12 ~~~~~ 10a                                                                                                                                                               |          |          |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ~~~~~ 10b                                                                                                                                            |          |          |
| 11  | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                         |          |          |
| a   | Gross income from members or shareholders ~~~~~ 11a                                                                                                                                                                                              |          |          |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~ 11b                                                                                                           |          |          |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? ~~~~~                                                                                                                                 |          |          |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... 12b                                                                                                                                                  |          |          |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                 |          |          |
| a   | Is the organization licensed to issue qualified health plans in more than one state? ~~~~~<br>Note: See the instructions for additional information the organization must report on Schedule O.                                                  |          |          |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ~~~~~ 13b                                                                              |          |          |
| c   | Enter the amount of reserves on hand ~~~~~ 13c                                                                                                                                                                                                   |          |          |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? ~~~~~                                                                                                                                                 |          |          |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ~~~~~                                                                                                                                  |          |          |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ~~~~~<br>If "Yes," see instructions and file Form 4720, Schedule N.                   |          |          |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ~~~~~<br>If "Yes," complete Form 4720, Schedule O.                                                                               |          |          |













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RESEARCH FOUNDATION**

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**Part X Balance Sheet**

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

|                             |                                                                                                         | (A)<br>Beginning of year                                                                                                                                                                                              |                      | (B)<br>End of year   |                      |
|-----------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|
| Assets                      | 1                                                                                                       | Cash - non-interest-bearing ~~~~~                                                                                                                                                                                     | <b>2, 300.</b>       | 1                    | <b>2, 300.</b>       |
|                             | 2                                                                                                       | Savings and temporary cash investments ~~~~~                                                                                                                                                                          | <b>2, 101, 382.</b>  | 2                    | <b>1, 527, 209.</b>  |
|                             | 3                                                                                                       | Pledges and grants receivable, net ~~~~~                                                                                                                                                                              | <b>7, 778, 754.</b>  | 3                    | <b>7, 785, 097.</b>  |
|                             | 4                                                                                                       | Accounts receivable, net ~~~~~                                                                                                                                                                                        | <b>16, 313, 490.</b> | 4                    | <b>16, 748, 292.</b> |
|                             | 5                                                                                                       | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~~~~~ |                      | 5                    |                      |
|                             | 6                                                                                                       | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ~ ~                                                                 |                      | 6                    |                      |
|                             | 7                                                                                                       | Notes and loans receivable, net ~~~~~                                                                                                                                                                                 |                      | 7                    |                      |
|                             | 8                                                                                                       | Inventories for sale or use ~~~~~                                                                                                                                                                                     |                      | 8                    |                      |
|                             | 9                                                                                                       | Prepaid expenses and deferred charges ~~~~~                                                                                                                                                                           | <b>82, 288.</b>      | 9                    | <b>120, 364.</b>     |
|                             | 10a                                                                                                     | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~ ~ ~                                                                                                                             | <b>51, 083, 919.</b> |                      |                      |
|                             | 10b                                                                                                     | Less: accumulated depreciation ~~~~~                                                                                                                                                                                  | <b>19, 014, 444.</b> |                      |                      |
|                             | 10c                                                                                                     |                                                                                                                                                                                                                       | <b>33, 212, 776.</b> | 10c                  | <b>32, 069, 475.</b> |
|                             | 11                                                                                                      | Investments - publicly traded securities ~~~~~                                                                                                                                                                        | <b>32, 878, 930.</b> | 11                   | <b>32, 687, 020.</b> |
|                             | 12                                                                                                      | Investments - other securities. See Part IV, line 11 ~~~~~                                                                                                                                                            |                      | 12                   |                      |
|                             | 13                                                                                                      | Investments - program-related. See Part IV, line 11 ~~~~~                                                                                                                                                             |                      | 13                   |                      |
|                             | 14                                                                                                      | Intangible assets ~~~~~                                                                                                                                                                                               |                      | 14                   |                      |
| 15                          | Other assets. See Part IV, line 11 ~~~~~                                                                | <b>8, 329, 637.</b>                                                                                                                                                                                                   | 15                   | <b>8, 183, 772.</b>  |                      |
| 16                          | <b>Total assets. Add lines 1 through 15 (must equal line 33) .....</b>                                  | <b>100, 699, 557.</b>                                                                                                                                                                                                 | 16                   | <b>99, 123, 529.</b> |                      |
| Liabilities                 | 17                                                                                                      | Accounts payable and accrued expenses ~~~~~                                                                                                                                                                           | <b>4, 222, 750.</b>  | 17                   | <b>5, 158, 940.</b>  |
|                             | 18                                                                                                      | Grants payable ~~~~~                                                                                                                                                                                                  |                      | 18                   |                      |
|                             | 19                                                                                                      | Deferred revenue ~~~~~                                                                                                                                                                                                | <b>3, 496, 995.</b>  | 19                   | <b>3, 362, 723.</b>  |
|                             | 20                                                                                                      | Tax-exempt bond liabilities ~~~~~                                                                                                                                                                                     | <b>26, 055, 322.</b> | 20                   | <b>24, 621, 344.</b> |
|                             | 21                                                                                                      | Escrow or custodial account liability. Complete Part IV of Schedule D ~ ~ ~                                                                                                                                           |                      | 21                   |                      |
|                             | 22                                                                                                      | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ~~~~~      |                      | 22                   |                      |
|                             | 23                                                                                                      | Secured mortgages and notes payable to unrelated third parties ~~~~~                                                                                                                                                  |                      | 23                   |                      |
|                             | 24                                                                                                      | Unsecured notes and loans payable to unrelated third parties ~~~~~                                                                                                                                                    |                      | 24                   |                      |
|                             | 25                                                                                                      | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ~~~~~                                           | <b>30, 538, 825.</b> | 25                   | <b>27, 425, 901.</b> |
|                             | 26                                                                                                      | <b>Total liabilities. Add lines 17 through 25 .....</b>                                                                                                                                                               | <b>64, 313, 892.</b> | 26                   | <b>60, 568, 908.</b> |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here   <b>X</b><br>and complete lines 27, 28, 32, and 33. |                                                                                                                                                                                                                       |                      |                      |                      |
|                             | 27                                                                                                      | Net assets without donor restrictions ~~~~~                                                                                                                                                                           | <b>7, 413, 632.</b>  | 27                   | <b>14, 920, 199.</b> |
|                             | 28                                                                                                      | Net assets with donor restrictions ~~~~~                                                                                                                                                                              | <b>28, 972, 033.</b> | 28                   | <b>23, 634, 422.</b> |
|                             | Organizations that do not follow FASB ASC 958, check here  <br>and complete lines 29 through 33.        |                                                                                                                                                                                                                       |                      |                      |                      |
|                             | 29                                                                                                      | Capital stock or trust principal, or current funds ~~~~~                                                                                                                                                              |                      | 29                   |                      |
|                             | 30                                                                                                      | Paid-in or capital surplus, or land, building, or equipment fund ~~~~~                                                                                                                                                |                      | 30                   |                      |
|                             | 31                                                                                                      | Retained earnings, endowment, accumulated income, or other funds ~~~~~                                                                                                                                                |                      | 31                   |                      |
| 32                          | <b>Total net assets or fund balances ~~~~~</b>                                                          | <b>36, 385, 665.</b>                                                                                                                                                                                                  | 32                   | <b>38, 554, 621.</b> |                      |
| 33                          | <b>Total liabilities and net assets/fund balances .....</b>                                             | <b>100, 699, 557.</b>                                                                                                                                                                                                 | 33                   | <b>99, 123, 529.</b> |                      |

Form 990 (2020)

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Form 990 (2020)

**95- 6106694** Page 12

**Part XI** Reconciliation of Net Assets

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

|                                                                                                                         |    |                     |
|-------------------------------------------------------------------------------------------------------------------------|----|---------------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) ~~~~~                                                       | 1  | <b>47,333,000.</b>  |
| 2 Total expenses (must equal Part IX, column (A), line 25) ~~~~~                                                        | 2  | <b>47,564,841.</b>  |
| 3 Revenue less expenses. Subtract line 2 from line 1 ~~~~~                                                              | 3  | <b>- 231,841.</b>   |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) ~~~~~                       | 4  | <b>36,385,665.</b>  |
| 5 Net unrealized gains (losses) on investments ~~~~~                                                                    | 5  | <b>4,269,025.</b>   |
| 6 Donated services and use of facilities ~~~~~                                                                          | 6  |                     |
| 7 Investment expenses ~~~~~                                                                                             | 7  |                     |
| 8 Prior period adjustments ~~~~~                                                                                        | 8  |                     |
| 9 Other changes in net assets or fund balances (explain on Schedule O) ~~~~~                                            | 9  | <b>- 1,868,228.</b> |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) ..... | 10 | <b>38,554,621.</b>  |

**Part XII** Financial Statements and Reporting

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

|                                                                                                                                                                                                                                                                                                                                                                                                    |    | Yes      | No       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|----------|
| 1 Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual Other _____<br>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? ~~~~~<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br>Separate basis                  Consolidated basis                  Both consolidated and separate basis          | 2a |          | <b>X</b> |
| b Were the organization's financial statements audited by an independent accountant? ~~~~~<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis                  Consolidated basis                  Both consolidated and separate basis | 2b | <b>X</b> |          |
| c 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? ~~~~~<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                      | 2c | <b>X</b> |          |
| 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? ~~~~~                                                                                                                                                                                                                                  | 3a | <b>X</b> |          |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....                                                                                                                                                                       | 3b | <b>X</b> |          |

Form 990 (2020)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**2020**

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 12, 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 (Form 990 or 990-EZ).)
- 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 **X** 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations ~ ~ ~ ~ ~
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    |                                                   |                                                 |

CALIFORNIA STATE UNIVERSITY LONG BEACH

RESEARCH FOUNDATION

Schedule A (Form 990 or 990-EZ) 2020

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows 1-6 detailing public support amounts.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows 7-12 detailing total support amounts.

13 First 5 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 14-17a detailing support percentage calculations and tests.

(Complete only if you checked the box on line 10 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.)

| Calendar year (or fiscal year beginning in)                                                                                                                      | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") ~ ~                                                         |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sales, or services provided directly to the public (15)2rves,                                                      |          |          |          |          |          |           |
| 3                                                                                                                                                                |          |          |          |          |          |           |
| 4                                                                                                                                                                |          |          |          |          |          |           |
| 5                                                                                                                                                                |          |          |          |          |          |           |
| 6 Total.                                                                                                                                                         |          |          |          |          |          |           |
| 7a                                                                                                                                                               |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |          |          |          |          |          |           |
| c                                                                                                                                                                |          |          |          |          |          |           |
| 8 Public support. (Subtract line 7c from line 6.)                                                                                                                |          |          |          |          |          |           |

| Calendar year (or fiscal year beginning in)                                                               | (a) | (b) | (c) | (d) | (e) | (f) |
|-----------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| 9                                                                                                         |     |     |     |     |     |     |
| 10a                                                                                                       |     |     |     |     |     |     |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 |     |     |     |     |     |     |
| c                                                                                                         |     |     |     |     |     |     |
| 11                                                                                                        |     |     |     |     |     |     |
| 12                                                                                                        |     |     |     |     |     |     |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                         |     |     |     |     |     |     |
| 14 First 5 years.                                                                                         |     |     |     |     |     |     |

stop here

|    |  |    |  |
|----|--|----|--|
| 15 |  | 15 |  |
| 16 |  | 16 |  |

|    |      |    |  |
|----|------|----|--|
| 17 | 2020 | 17 |  |
| 18 | 2019 | 18 |  |

19a 33 1/3% support tests - 2020. stop here.

b 33 1/3% support tests - 2019. stop here.

20 Private foundation.

**Part IV** Supporting Organizations

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                                    |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                                 |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.                                                                                                                                                                                                                                                               |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                                        |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.                                                                                                                                                                                                                                                                                                                                    |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                                                                                                                                                                                                            |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.                                                                                                                                                                               |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.                                                              |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).                                                                                                                                                                                        |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).                                                                                                                                                                                                                                                                                                                                                  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.                                                                                                                                                                                                                                         |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.                                                                                                                                                                                                                                                                                                                              |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.                                                                                                                                                                                                                                                                                                   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.                                                                                                                                                                                                                                                  |     |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)                                                                                                                                                                                                                                                                                                                                                       |     |    |



**Part IV Supporting Organizations**

|                                                                                                                                                                             | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| 11a                                                                                                                                                                         |     |    |
| b A family member of a person described in line 11a above?                                                                                                                  |     |    |
| 11b                                                                                                                                                                         |     |    |
| c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.                                     |     |    |
| 11c                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| 1                                                                                                                                                                                                                                                                                                                                                                      |     |    |

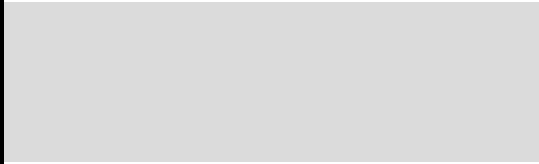
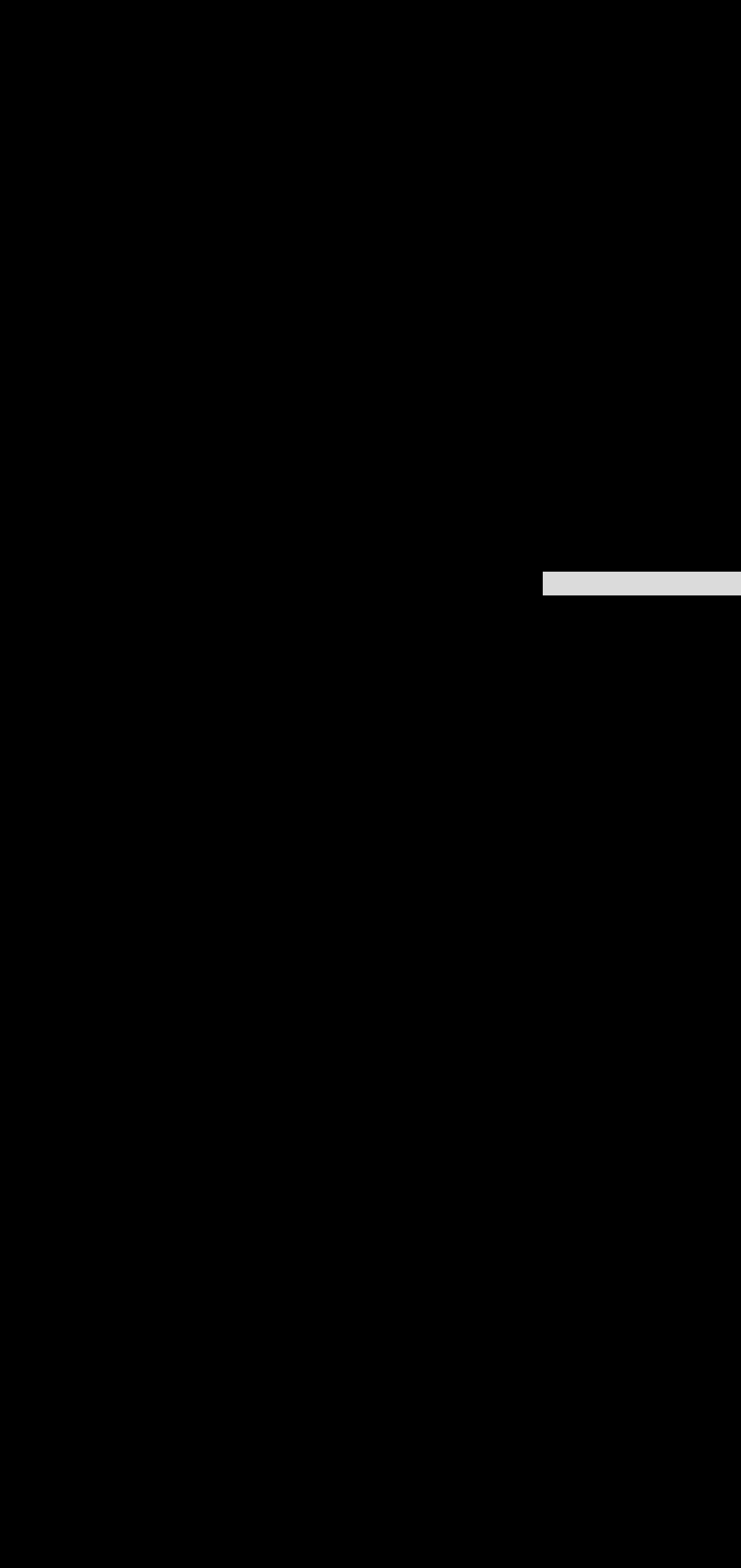
**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                              |     |    |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.                                                                                       |     |    |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| a The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| b The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| 2 Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| 2a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |  |  |
| 2b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.                                                                                                                                                                                                                                                                                                               |  |  |
| 3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |  |
| 3b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |

|                                  |    |                           |  |
|----------------------------------|----|---------------------------|--|
| 1                                |    | Part VI See instructions. |  |
| Section A - Adjusted Net Income  |    |                           |  |
| 1                                | 1  |                           |  |
| 2                                | 2  |                           |  |
| 3                                | 3  |                           |  |
| 4                                | 4  |                           |  |
| 5                                | 5  |                           |  |
| 6                                | 6  |                           |  |
| 7                                | 7  |                           |  |
| 8 Adjusted Net Income            | 8  |                           |  |
| Section B - Minimum Asset Amount |    |                           |  |
| 1                                |    |                           |  |
| a                                | 1a |                           |  |
| b                                | 1b |                           |  |
| c                                | 1c |                           |  |
| d Total                          | 1d |                           |  |
| e Discount                       |    |                           |  |
| Part VI                          |    |                           |  |
| 2                                | 2  |                           |  |
| 3                                | 3  |                           |  |
| 4                                | 4  |                           |  |
| 5                                | 5  |                           |  |
| 6                                | 6  |                           |  |
| 7                                | 7  |                           |  |
| 8 Minimum Asset Amount           | 8  |                           |  |
| Section C - Distributable Amount |    |                           |  |
| 1                                | 1  |                           |  |
| 2                                | 2  |                           |  |
| 3                                | 3  |                           |  |
| 4                                | 4  |                           |  |
| 5                                | 5  |                           |  |
| 6 Distributable Amount.          | 6  |                           |  |
| 7                                |    |                           |  |



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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OPEB LIABILITY ADJUSTMENT

2019 AMOUNT: \$ 915,968.

2020 AMOUNT: \$ 1,914,353.

Multiple horizontal lines for providing additional information.





|                                                                                               |                                                      |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|
| Name of organization<br><b>CALIFORNIA STATE UNIVERSITY LONG BEACH<br/>RESEARCH FOUNDATION</b> | Employer identification number<br><b>95- 6106694</b> |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|

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

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                       |
|-------------------|-----------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>7</b>          | <hr/> <hr/> <hr/>                 | \$ <b>1, 274, 003.</b>     | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <b>8</b>          | <hr/> <hr/> <hr/>                 | \$ <b>1, 154, 942.</b>     | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <b>9</b>          | <hr/> <hr/> <hr/>                 | \$ <b>1, 147, 033.</b>     | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <b>10</b>         | <hr/> <hr/> <hr/>                 | \$ <b>983, 794.</b>        | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |

|                                                                                               |                                                      |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|
| Name of organization<br><b>CALIFORNIA STATE UNIVERSITY LONG BEACH<br/>RESEARCH FOUNDATION</b> | Employer identification number<br><b>95- 6106694</b> |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------|

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

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



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**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Schedule D (Form 990) 2020

**95-6106694** Page 2

**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 make significant use of its collection items (check all that apply):
- |   |                                                                         |   |                          |
|---|-------------------------------------------------------------------------|---|--------------------------|
| a | <input checked="" type="checkbox"/> Public exhibition                   | d | Loan or exchange program |
| b | <input checked="" type="checkbox"/> Scholarly research                  | e | Other _____              |
| c | <input checked="" type="checkbox"/> Preservation for future generations |   |                          |
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability? ..... Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment | \_\_\_\_\_%
- b Permanent endowment | \_\_\_\_\_%
- c Term endowment | \_\_\_\_\_%
- The percentages on 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                                                                | 3a(i)  |    |
| (ii) Related organizations                                                                 | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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                                                                                                |                                      | <b>17,066,474.</b>              |                              | <b>17,066,474.</b> |
| b Buildings                                                                                            |                                      | <b>32,283,502.</b>              | <b>17,375,935.</b>           | <b>14,907,567.</b> |
| c Leasehold improvements                                                                               |                                      |                                 |                              |                    |
| d Equipment                                                                                            |                                      | <b>1,666,491.</b>               | <b>1,571,057.</b>            | <b>95,434.</b>     |
| e Other                                                                                                |                                      | <b>67,452.</b>                  | <b>67,452.</b>               | <b>0.</b>          |
| <b>Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)</b> |                                      |                                 |                              | <b>32,069,475.</b> |

Schedule D (Form 990) 2020

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CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION

Schedule G (Form 990 or 990-EZ) 2020

95-6106694 Page 3

- 11 Does the organization conduct 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 conducted 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. 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 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:**

**6300 STATE UNIVERSITY DRIVE, #332, LONG BEACH, CA 90815**

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

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



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

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

| Attach to Form 990.

| Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

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

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

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

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
|                                                      |         |                                 |                          |                                   |                                                       |                                       | <b>TO PROVIDE 0 table</b>          |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |

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 ..... | \_\_\_\_\_

Part III Grants and Other Assistance to Domestic Individuals.

|  |  |  |  |  |  |
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SCHEDULE J  
(Form 990)

Compensation Information

OMB No. 1545-0047

2020

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**95-6106694**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                           |                                                   |
|-------------------------------------------|---------------------------------------------------|
| First-class or charter travel             | Housing allowance or residence for personal use   |
| Travel for companions                     | Payments for business use of personal residence   |
| Tax indemnification and gross-up payments | Health or social club dues or initiation fees     |
| Discretionary spending account            | Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~ ~ ~ ~ ~

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~ ~ ~ ~ ~

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

- |                                     |                                                                                     |
|-------------------------------------|-------------------------------------------------------------------------------------|
| Compensation committee              | Written employment contract                                                         |
| Independent compensation consultant | Compensation survey or study                                                        |
| Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a Receive a severance payment or change-of-control payment? ~ ~ ~ ~ ~
- b Participate in or receive payment from a supplemental nonqualified retirement plan? ~ ~ ~ ~ ~
- c Participate in or receive payment from an equity-based compensation arrangement? ~ ~ ~ ~ ~
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization? ~ ~ ~ ~ ~
- b Any related organization? ~ ~ ~ ~ ~
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization? ~ ~ ~ ~ ~
- b Any related organization? ~ ~ ~ ~ ~
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ~ ~ ~ ~ ~

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ~ ~ ~ ~ ~

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? ~ ~ ~ ~ ~

|    | Yes                                 | No                                  |
|----|-------------------------------------|-------------------------------------|
| 1a |                                     |                                     |
| 1b |                                     |                                     |
| 2  |                                     |                                     |
| 3  |                                     |                                     |
| 4a |                                     | <input checked="" type="checkbox"/> |
| 4b |                                     | <input checked="" type="checkbox"/> |
| 4c |                                     | <input checked="" type="checkbox"/> |
| 5a |                                     | <input checked="" type="checkbox"/> |
| 5b | <input checked="" type="checkbox"/> |                                     |
| 6a |                                     | <input checked="" type="checkbox"/> |
| 6b |                                     | <input checked="" type="checkbox"/> |
| 7  |                                     | <input checked="" type="checkbox"/> |
| 8  |                                     | <input checked="" type="checkbox"/> |
| 9  |                                     |                                     |

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

Schedule J (Form 990) 2020

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

**95- 6106694**

Schedule J (Form 990) 2020

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

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

| (A) Name and Title                                    |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                       |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (1) DANIEL MONSON<br>HEAD MEN'S BASKETBALL COACH      | (i)  | 16,440.                                            | 264,375.                            | 0.                                  | 0.                                             | 0.                      | 280,815.                        | 0.                                                                    |
|                                                       | (ii) | 281,102.                                           | 0.                                  | 9,975.                              | 85,675.                                        | 26,793.                 | 403,545.                        | 0.                                                                    |
| (2) DR. JANE CONOLEY<br>CHAIR                         | (i)  | 0.                                                 | 0.                                  | 12,000.                             | 0.                                             | 0.                      | 12,000.                         | 0.                                                                    |
|                                                       | (ii) | 369,996.                                           | 0.                                  | 4,944.                              | 85,387.                                        | 18,975.                 | 479,302.                        | 0.                                                                    |
| (3) DR. BRIAN JERSKY<br>VICE CHAIR                    | (i)  | 0.                                                 | 0.                                  | 7,200.                              | 0.                                             | 0.                      | 7,200.                          | 0.                                                                    |
|                                                       | (ii) | 270,772.                                           | 0.                                  | 421.                                | 82,144.                                        | 19,370.                 | 372,707.                        | 0.                                                                    |
| (4) SCOTT APEL<br>TREASURER/CEO                       | (i)  | 0.                                                 | 0.                                  | 7,200.                              | 0.                                             | 0.                      | 7,200.                          | 0.                                                                    |
|                                                       | (ii) | 253,238.                                           | 0.                                  | 138.                                | 76,930.                                        | 26,793.                 | 357,099.                        | 0.                                                                    |
| (5) TRACEY RICHARDSON<br>ASSISTANT TREASURER          | (i)  | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                       | (ii) | 221,468.                                           | 750.                                | 138.                                | 61,822.                                        | 9,521.                  | 293,699.                        | 0.                                                                    |
| (6) DR. SIMON KIM<br>SECRETARY                        | (i)  | 23,434.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 23,434.                         | 0.                                                                    |
|                                                       | (ii) | 178,694.                                           | 0.                                  | 258.                                | 54,697.                                        | 26,793.                 | 260,442.                        | 0.                                                                    |
| (7) DR. STEPHEN MEZYK<br>DIRECTOR                     | (i)  | 76,828.                                            | 0.                                  | 0.                                  | 0.                                             | 0.                      | 76,828.                         | 0.                                                                    |
|                                                       | (ii) | 141,484.                                           | 1,000.                              | 20.                                 | 42,638.                                        | 12,590.                 | 197,732.                        | 0.                                                                    |
| (8) DR. CURTIS BENNETT<br>DIRECTOR                    | (i)  | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                       | (ii) | 192,472.                                           | 0.                                  | 258.                                | 39,250.                                        | 20,136.                 | 252,116.                        | 0.                                                                    |
| (9) DR. BRIAN NOWLIN<br>DIRECTOR/COO                  | (i)  | 186,724.                                           | 0.                                  | 9,657.                              | 19,536.                                        | 10,143.                 | 226,060.                        | 0.                                                                    |
|                                                       | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (10) RON MARK<br>PROGRAM DIRECTOR                     | (i)  | 150,514.                                           | 0.                                  | 0.                                  | 15,051.                                        | 24,150.                 | 189,715.                        | 0.                                                                    |
|                                                       | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (11) ELIZABETH PRINGLE-HORNSBY<br>PROJECT COORDINATOR | (i)  | 134,724.                                           | 0.                                  | 3,243.                              | 13,796.                                        | 19,904.                 | 171,667.                        | 0.                                                                    |
|                                                       | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (12) ARLINDA REYES<br>DIR. FINANCE & REPORTING        | (i)  | 125,875.                                           | 0.                                  | 4,241.                              | 13,012.                                        | 18,328.                 | 161,456.                        | 0.                                                                    |
|                                                       | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (13) ROBERT FREAR<br>DIRECTOR                         | (i)  | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                       | (ii) | 103,649.                                           | 0.                                  | 0.                                  | 31,768.                                        | 20,087.                 | 155,504.                        | 0.                                                                    |
|                                                       | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                       | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                       | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                       | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                       | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                       | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Schedule J (Form 990) 2020

**95- 6106694**

Page 3

**Part III** Supplemental Information

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

**PART I, LINE 5:**

**DANIEL MONSON, THE UNIVERSITY'S HEAD MEN'S BASKETBALL COACH, IS ELIGIBLE  
FOR A BONUS BASED UPON CERTAIN GAME GUARANTEE FEES. THE GAME GUARANTEE FEES  
ARE NOT FIXED, AND AS SUCH, ARE REPORTED AS BONUS OR INCENTIVE  
COMPENSATION.**

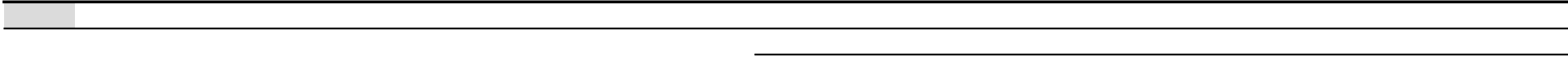
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

|                          |                                |
|--------------------------|--------------------------------|
| 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 of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|                    |                |             |                 |                 |                            | 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 | Yes | No |
| 1 Amount of bonds retired                                                                                                           |     |    |     |    |     |    |     |    |     |    |
| 2 Amount of bonds legally defeased                                                                                                  |     |    |     |    |     |    |     |    |     |    |
| 3 Total proceeds of issue                                                                                                           |     |    |     |    |     |    |     |    |     |    |
| 4 Gross proceeds in reserve funds                                                                                                   |     |    |     |    |     |    |     |    |     |    |
| 5 Capitalized interest from proceeds                                                                                                |     |    |     |    |     |    |     |    |     |    |
| 6 Proceeds in refunding escrows                                                                                                     |     |    |     |    |     |    |     |    |     |    |
| 7 Issuance costs from proceeds                                                                                                      |     |    |     |    |     |    |     |    |     |    |
| 8 Credit enhancement from proceeds                                                                                                  |     |    |     |    |     |    |     |    |     |    |
| 9 Working capital expenditures from proceeds                                                                                        |     |    |     |    |     |    |     |    |     |    |
| 10 Capital expenditures from proceeds                                                                                               |     |    |     |    |     |    |     |    |     |    |
| 11 Other spent proceeds                                                                                                             |     |    |     |    |     |    |     |    |     |    |
| 12 Other unspent proceeds                                                                                                           |     |    |     |    |     |    |     |    |     |    |
| 13 Year of substantial completion                                                                                                   |     |    |     |    |     |    |     |    |     |    |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? |     |    |     |    |     |    |     |    |     |    |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?   |     |    |     |    |     |    |     |    |     |    |
| 16 Has the final allocation of proceeds been substantially 90% to tax-exempt bonds (or, if 75% of the bonds retired)?               |     |    |     |    |     |    |     |    |     |    |
| 17                                                                                                                                  |     |    |     |    |     |    |     |    |     |    |





|  | 2019   |        | 2020   |        | 2021   |        | 2022   |        |
|--|--------|--------|--------|--------|--------|--------|--------|--------|
|  | Actual | Target | Actual | Target | Actual | Target | Actual | Target |
|  |        |        |        |        |        |        |        |        |
|  |        |        |        |        |        |        |        |        |
|  |        |        |        |        |        |        |        |        |
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|  |        |        |        |        |        |        |        |        |

|  | 2019   |        | 2020   |        | 2021   |        | 2022   |        |
|--|--------|--------|--------|--------|--------|--------|--------|--------|
|  | Actual | Target | Actual | Target | Actual | Target | Actual | Target |
|  |        |        |        |        |        |        |        |        |
|  |        |        |        |        |        |        |        |        |
|  |        |        |        |        |        |        |        |        |
|  |        |        |        |        |        |        |        |        |

|  | 2019   |        | 2020   |        | 2021   |        | 2022   |        |
|--|--------|--------|--------|--------|--------|--------|--------|--------|
|  | Actual | Target | Actual | Target | Actual | Target | Actual | Target |
|  |        |        |        |        |        |        |        |        |
|  |        |        |        |        |        |        |        |        |
|  |        |        |        |        |        |        |        |        |
|  |        |        |        |        |        |        |        |        |

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**CALIFORNIA STATE UNIVERSITY LONG BEACH  
RESEARCH FOUNDATION**

Employer identification number  
**95-6106694**

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

**THE FOUNDATION HAS MINIMAL FUNDRAISING EXPENSES DUE TO THE FACT THAT  
THE ORGANIZATION SHARES IN THEIR FUNDRAISING EFFORTS JOINTLY WITH CSULB  
49ER FOUNDATION. IN ADDITION, A SIGNIFICANT PORTION OF THE  
CONTRIBUTIONS RECEIVED ARE LARGE GRANTS FROM GOVERNMENT ENTITIES.**

**FORM 990, PART VI, SECTION B, LINE 11B:**

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

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

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

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

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

Employer identification number  
**95-6106694**

**ONE OF THE FOLLOWING FINDINGS TO THE CHIEF EXECUTIVE OFFICER:**

**THE REPORTED CONFLICT OF INTEREST WAS FOUND TO BE:**

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

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

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

**WHEN DETERMINING THE SALARY OF KEY EMPLOYEES, THE FOUNDATION CONSULTS ON WAGE AND SALARY INFORMATION FROM A VARIETY OF SOURCES WHICH INCLUDE, BUT ARE NOT LIMITED TO: THE ANNUAL AUXILIARY ORGANIZATION ASSOCIATION (AOA) COMPENSATION SURVEY, THE PREVAILING CALIFORNIA STATE UNIVERSITY, LONG BEACH SALARY RATE AND MARKEO 02VGBVASSOCIATED WITH THE SME/SLIMALAA PODITIONH**

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

Employer identification number  
**95-6106694**

**FORM 990, PART VI, LINE 14**

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

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

**TRANSFER OF NET POSITION TO CSULB 49ER FOUNDATION - 1,868,228.**

**FORM 990, PART XI, LINE 9**

**THE AMOUNT SHOWN ON LINE 9 IS A TRANSFER OF NET POSITION TO THE CSULB  
49ER FOUNDATION IN THE AMOUNT OF \$1,868,228.**





**Part V** Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|                                                                                                                                                       | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ~ ~ ~ ~ ~                                           | 1a  |    |
| b Gift, grant, or capital contribution to related organization(s)                                                                                     | 1b  |    |
| c Gift, grant, or capital contribution from related organization(s)                                                                                   | 1c  |    |
| d Loans or loan guarantees to or for related organization(s)                                                                                          | 1d  |    |
| e Loans or loan guarantees by related organization(s)                                                                                                 | 1e  |    |
| f                                                                                                                                                     | 1f  |    |
| g                                                                                                                                                     | 1g  |    |
| h                                                                                                                                                     | 1h  |    |
| i                                                                                                                                                     | 1i  |    |
| j                                                                                                                                                     | 1j  |    |
| k                                                                                                                                                     | 1k  |    |
| l                                                                                                                                                     | 1l  |    |
| m                                                                                                                                                     | 1m  |    |
| n                                                                                                                                                     | 1n  |    |
| o                                                                                                                                                     | 1o  |    |
| p                                                                                                                                                     | 1p  |    |
| q                                                                                                                                                     | 1q  |    |
| r                                                                                                                                                     | 1r  |    |
| s                                                                                                                                                     | 1s  |    |

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





