





		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A -----	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	
3	Did the organization engage in direct or in If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. If "Yes," complete Schedule C, Part II	4	
5	If "Yes," complete Schedule C, Part III	5	
6	If "Yes," complete Schedule D, Part I	6	
7	If "Yes," complete Schedule D, Part II	7	
8	Schedule D, Part III If "Yes," complete	8	
9	If "Yes," complete Schedule D, Part IV	9	
10	If "Yes," complete Schedule D, Part V	10	
11	If "Yes," complete Schedule D, Part VI	11a	
a	If "Yes," complete Schedule D, Part VII	11b	
b	If "Yes," complete Schedule D, Part VIII	11c	
c	If "Yes," complete Schedule D, Part IX	11d	
d	If "Yes," complete Schedule D, Part X	11e	
e	If "Yes," complete Schedule D, Part X	11f	
f	If "Yes," complete Schedule D, Part X	11f	
12a	Schedule D, Parts XI and XII If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a	
b	If "Yes," complete Schedule E	12b	
13	If "Yes," complete Schedule F, Parts I and IV	13	
14a	If "Yes," complete Schedule F, Parts II and IV	14a	
b	If "Yes," complete Schedule F, Parts III and IV	14b	
15	If "Yes," complete Schedule G, Part I.	15	
16	If "Yes," complete Schedule G, Part II	16	
17	If "Yes," complete Schedule G, Part III	17	
18	If "Yes," complete Schedule H	18	
19	If "Yes," complete Schedule I, Parts I and II	19	
20a		20a	
b		20b	
21		21	



		Yes	No
2a	2a		
b		2b	
Note:			
3a		3a	
b		3b	
4a		4a	
b			
5a		5a	
b		5b	
c		5c	
6a		6a	
b		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a		7a	
b		7b	
c		7c	
d	7d		
e		7e	
f		7f	
g		7g	
h		7h	
8 Sponsoring organizations maintaining donor advised funds.		8	
9 Sponsoring organizations maintaining donor advised funds.			
a		9a	
b		9b	
10 Section 501(c)(7) organizations.			
a	10a		
b	10b		
11 Section 501(c)(12) organizations.			
a	11a		
b	11b		
12a			
b			
13			
14			
15			
16			
17			



















(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.)

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") --						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
4 Total. Add lines 1 through 3 ~~~						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ~~~~~						
6 Public support. Subtract line 5 from line 4.						

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 ~~~~~						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ~						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ~						
10 Other income. Do not include gain or loss						
11 Total support. Add lines 7 through 10						
12					12	

13 First 5 years. stop here

14	14
15	15

16a 33 1/3% support test - 2021.  
 stop here.  
 b 33 1/3% support test - 2020.  
 stop here.

17a 10% -facts-and-circumstances test - 2021.  
stop here.

b 10% -facts-and-circumstances test - 2020.  
stop here.

18 Private foundation

Calendar year (or fiscal year beginning in)	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
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						
c						
11						
12						
13 Total support.(Add lines 9, 10c, 11, and 12.)						
14 First 5 years.						

stop here

15		15
16		16

17	2021	17
18	2020	18

19a 33 1/3% support tests - 2021.  
 stop here.

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

20 Private foundation









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All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or		
		6	
7		7	
8	Adjusted Net Income	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1			
a		1a	
b		1b	
c		1c	
d	Total	1d	
e	Discount explain in detail in Part VI		
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8	Minimum Asset Amount	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year (optional)
1		1	
2		2	
3		3	
4		4	
5		5	
6	Distributable Amount.	6	
7			

Section D - Distributions		Current Year
1		1
2		2
3		3
4		4
5	Part VI	5
6	Part VI	6
7	Total annual distributions.	7
8	Part VI	8
9		9
10		10

Section E - Distribution Allocations	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1			
2			
3			
4			
5			
6			
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8			
9			
10			
11			
12			
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14			
15			
16			
17			
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99			
100			



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 section if you are a partner in a partnership that has a Schedule K-1 (Form 990) 2021.

Horizontal lines for providing explanations.

(Form 990)

| Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

<b>Part I</b> Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,085,926.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>840,893.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,032,507.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>3,481,467.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>2,028,366.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>6,970,849.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
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(a) No. from Part I	(b) Description of nonc ash property given	(c) FMV (or estimate)	(d) Date received
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____



--	--

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. (a) (e) and completing Part III, enter the total of exclusively religious, charitable, etc., contributions of for the year. (Enter this info. once.) \_\_\_\_\_









(Form 990)

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

Employer identification number

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year ~ ~ ~ ~ ~		
2 Aggregate value of contributions to (during year) ~ ~ ~ ~		
3 Aggregate value of grants from (during year) ~ ~ ~ ~ ~		
4 Aggregate value at end of year ~ ~ ~ ~ ~		

5 Did the organization inform all donors Yes No

6 Yes No

1

2

a	2a
b	2b
c	2c
d	2d

3

4

5 Yes No

6

7

8 Yes No

9

1a

b

(i)

(ii)

2

a

b

3

a  
b  
c  
d  
e

4  
5

Yes No

\_\_\_\_\_

1a

Yes No

b

c

d

e

f

2a

b

1c	
1d	
1e	
1f	

Yes No

\_\_\_\_\_

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

2

a

b

c

3a

(i)

(ii)

b

4

	Yes	No
3a(i)		
3a(ii)		
3b		

\_\_\_\_\_

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

Total

(including name of security)

█

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements ~ ~ ~ ~ ~			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			█
a	Net unrealized gains (losses) on investments ~ ~ ~ ~ ~	2a		
b	Donated services and use of facilities ~ ~ ~ ~ ~	2b		
c	Recoveries of prior year grants ~ ~ ~ ~ ~	2c		
d	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	2d		
e	Add lines 2a through 2d ~ ~ ~ ~ ~		2e	
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			█
a	Investment expenses not included on Form 990, Part VIII, line 7b ~ ~ ~ ~ ~	4a		
b	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	4b		
c	Add lines 4a and 4b ~ ~ ~ ~ ~		4c	
5	Total revenue. Add lines 3 and 4c		5	

█

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements ~ ~ ~ ~ ~			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			█
a	Donated services and use of facilities ~ ~ ~ ~ ~	2a		
b	Prior year adjustments ~ ~ ~ ~ ~	2b		
c	Other losses ~ ~ ~ ~ ~	2c		
d	Other (Describe in Part XIII.) ~ ~ ~ ~ ~	2d		
e	Add lines 2a through 2d ~ ~ ~ ~ ~		2e	
3	Subtract line 2e from line 1 ~ ~ ~ ~ ~		3	
4	Amounts included on Form 990, Part			█
a		4a		
b		4b		
c	4a 4b		4c	
5	3 4c		5	

█





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

Attach to Form 990 or Form 990-EZ.

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

Open to Public  
Inspection

Employer-.4ehd5.3(y Tc.0o)5.latest info.nf



		Did fundraiser have custody or control of contributions?			



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

	(a)	(b)	(c)	(d) Total events (add col. (a) through col. (c))
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

	(a)	(b) Pull tabs/instant bingo/progressive bingo	(c)	(d) (a) (c)
1				
2				
3				
4				
5				
6	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	
7				
8				

9 \_\_\_\_\_ Yes No

a \_\_\_\_\_

b \_\_\_\_\_

10a \_\_\_\_\_ Yes No

b \_\_\_\_\_

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 | \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

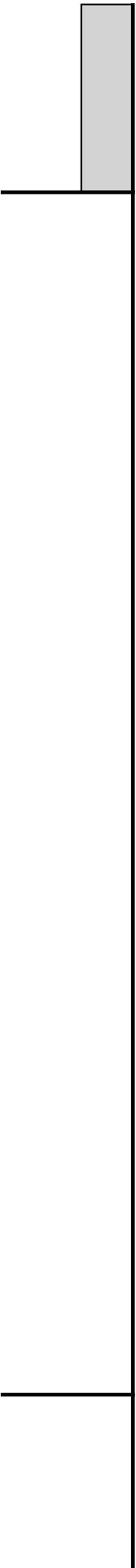
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SCHEDULE J  
(Form 990)

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization **CALI FORNI A STATE UNI VERSITY LONG BEACH RESEARCH FOUNDATI ON** 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
  - Travel for companions
  - Tax indemnification and gross-up payments
  - Discretionary spending account
  - Housing allowance or residence for personal use
  - Payments for business use of personal residence
  - Health or social club dues or initiation fees
  - 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
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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		X
4b		X
4c		X
5a		X
5b	X	
6a		X
6b		X
7		X
8		X
9		














# 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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

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 EXNS RE. 1VEVE40EVI EW ALLX . 1REVI EW ALLX. 1 ANDi ON, A SI GN

Name of the organization CALI FORNI A STATE UNI VERSI TY LONG BEACH RESEARCH FOUNDATI ON	Employer identification number 95-6106694
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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 CALI FORNI A STATE UNI VERSI TY, LONG BEACH SALARY RATE AND MARKET VALUE ASSOCIATED WITH THE SAME/SIMILAR POSITIONS WITHIN THE SAME GEOGRAPHIC AREA. KEY EMPLOYEE SALARIES ARE THEN APPROVED BY THE MOST SENIOR LEVEL WITHIN THE FOUNDATION AND/OR THE PRESIDENT/VICE PRESIDENT DEPENDING UPON THE POSITION.

FORM 990, PART VI, SECTION C, LINE 19:

THE TAX EXEMPT APPLICATION, DETERMINATION LETTER, ARTICLES OF INCORPORATION, BY-LAWS, AND FORM 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT OUR MAIN OFFICE.

Name of the organization	CALIFORNIA STATE UNIVERSITY LONG BEACH RESEARCH FOUNDATION	Employer identification number	95-6106694
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FORM 990, PART VI, LINE 14

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

