

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

3/4

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization Doing Business As		D Employer identification number
Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$
F Name and address of principal officer:		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list. (see instructions)
I Tax-exempt status: 501(c)(3) 501(c) () J (insert no.) 4947(a)(1) or 527	H(c) Group exemption number	
K Form of organization: Corporation Trust Association Other	L Year of formation:	M State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities: _____

2 Check this box

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

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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 [redacted] X

1 Briefly describe the organization's mission:

THE ASU FOUNDATION FOR A NEW AMERICAN UNIVERSITY IS A PRIVATE, NONPROFIT ORGANIZATION THAT RAISES AND MANAGES PRIVATE CONTRIBUTIONS TO SUPPORT THE WORK OF ARIZONA STATE UNIVERSITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [redacted] Yes [X] 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? [redacted] Yes [X] 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 \$ 28,240,842. including grants of \$ 26,424,210.) (Revenue \$ 785,672.)

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

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

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

4e Total program service expenses [redacted]

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 mm		
b	If at least one is reported on line 2a, did the organization file all required federal	2b	
3a		3a	
b		3b	
4a		4a	
b			
5a		5a	
b		5b	
c		5c	
6a		6a	
b		6b	
7			
a		7a	
b		7b	
c		7c	
d		7d	
e		7e	
f		7f	
g		7g	
h		7h	
8		8	
9			
a		9a	
b		9b	
10			
a			
b			
11			
a			
b			
12a		12a	
b			
13			
a		13a	
b			
c			
14a		14a	
b		14b	
15		15	
16		16	

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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) Beginning of year	(B) End of year
1 Cash - non-interest-bearing <input checked="" type="checkbox"/>	1	
2 Savings and temporary cash investments <input checked="" type="checkbox"/>	2	
3 Pledges and grants receivable, net <input checked="" type="checkbox"/>	3	
4 Accounts receivable, net <input checked="" type="checkbox"/>	4	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule O if you have any of these receivables. <input type="checkbox"/>		
	7	
	8	
	9	
	10c	
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	12	
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	26	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses. Subtract 1501-2200 m 2399 -1200 l S 2131 -1400 m 2399 -1400 l S 2131 -1650 m 2131 u	3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
		10	

				<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) I	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose II						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 m						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf II						
5 The value of services or facilities furnished by a governmental unit to the organization without charge II						
6 Total. Add lines 1 through 5 II						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons II						
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 Add lines 7a and 7b II						
8 Public support. (Subtract line 7c from line 6.) II						

Section B. Total Support

fiscal year beginnii						

Part IV Supporting Organizations

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

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b		
c		
4a		
b		
c		
5a		
b		
c		
6		
7		
8		
a		
b		
c		
9a		
b		
c		
10a		
10b		

Part IV Supporting Organizations (continued)

	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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

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).		

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?		
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).		
3 By reason of the relationship described in (2), 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.		

	Yes	No

Schedule B

OMB

bbb

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Schedule of Contributors

OMB No. 1545-0047

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-
-
-

Name of organization

Employer identification number

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

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

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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

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

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

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Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Name of organization ARIZONA STATE * 16 0 0 16 0 0.0005035427d7d7d7d7dx6 Employer identification number

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) \$

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL line 17b \$

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6 are empty.



Part IV Supplemental Information *(continued)*

INFORMATION REGARDING LOBBYING ACTIVITIES

SCHEDULE C, PART II-A

AS A PART OF ITS MISSION, ASUF'S PARENT ORGANIZATION, ASU ENTERPRISE PARTNERS, CONTRIBUTES TO PUBLIC COMMUNICATION AND ADVOCACY ACTIVITIES THAT SUPPORT HIGHER EDUCATION IN ARIZONA AND THE NEED FOR ADEQUATE FUNDING TO PROVIDE EXCELLENT EDUCATIONAL OPPORTUNITIES FOR ARIZONA

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Two stacked empty boxes.

Horizontal line.

Empty box.

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Empty box.

Two stacked empty boxes.

Horizontal lines.

Part XIII Supplemental Information (continued)

ESCROW AND CUSTODIAL ARRANGEMENTS

SCHEDULE D, PART IV, LINE 1B

ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY (ASUF OR FOUNDATION) IS THE SOLE TRUSTEE OF TAYLOR TRUST FBO ASU FOUNDATION (TAYLOR TRUST). TAYLOR TRUST'S MISSION IS TO ESTABLISH AND MAINTAIN THE FRED E. TAYLOR CHAIRED PROFESSORSHIP IN REAL ESTATE AT THE ARIZONA STATE UNIVERSITY W.P. CAREY SCHOOL OF BUSINESS.

ESCROW OR CUSTODIAL ACCOUNT LIABILITY

SCHEDULE D, PART IV, LINE 2B

ASUF HOLDS ASSETS AS THE TRUSTEE OF A GRANTOR TRUST FOR ASU AND HOLDS ASSETS UNDER AN INVESTMENT AGREEMENT WITH THE ASU ALUMNI ASSOCIATION.

INTENDED USE OF ENDOWMENT

SCHEDULE D, PART V, LINE 4

ALL ENDOWMENT EXPENDITURES SUPPORT THE EDUCATION, RESEARCH, PUBLIC SERVICE, AND OTHER ACTIVITIES OF ARIZONA STATE UNIVERSITY.

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION ACCOUNTS FOR INCOME TAXES USING THE ASSET AND LIABILITY APPROACH, WHICH CAN RESULT IN RECORDING TAX PROVISIONS OR BENEFITS IN PERIODS DIFFERENT THAN THE PERIODS IN WHICH SUCH TAXES ARE PAID OR BENEFITS REALIZED. DEFERRED INCOME TAXES ARE RECORDED FOR THE DIFFERENCE BETWEEN THE BOOK AND TAX BASIS OF VARIOUS ASSETS AND LIABILITIES, WHICH CAN PROVIDE FOR CURRENT RECOGNITION OF EXPECTED TAX BENEFITS FROM TEMPORARY DIFFERENCES THAT WILL RESULT IN DEDUCTIBLE AMOUNTS IN FUTURE

Part XIII Supplemental Information (continued)

YEARS.

IT HAS BEEN DETERMINED BY THE IRS THAT THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) AS DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(IV) OF THE INTERNAL REVENUE CODE (IRC), AND ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. THE FOUNDATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS A PUBLIC CHARITY.

ASUF DUPONT, LLC WAS TREATED AS A DISREGARDED ENTITY UNDER THE FOUNDATION FOR INCOME TAX PURPOSES, AND ACCORDINGLY, ALL INCOME AND EXPENSES WERE REPORTED THROUGH THE FOUNDATION FOR THE YEARS ENDED JUNE 30, 2019 AND 2018. ASUF DUPONT, LLC WAS DISSOLVED IN MAY 2019.

FOR TAX PURPOSES, INCOME DETERMINED TO BE UNRELATED BUSINESS INCOME WOULD BE TAXABLE.

TAX POSITIONS TAKEN RELATED TO THE ORGANIZATION'S TAX-EXEMPT STATUS AND OTHER MISCELLANEOUS TAX POSITIONS HAVE BEEN REVIEWED. MANAGEMENT IS OF THE OPINION THAT MATERIAL POSITIONS TAKEN BY THE ORGANIZATION WOULD BE UPHOLD UNDER EXAMINATION. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED AN INCOME TAX LIABILITY FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2019, AND DOES NOT ANTICIPATE A SIGNIFICANT CHANGE FOR THE FOLLOWING TWELVE MONTHS. THE ORGANIZATION IS SUBJECT TO TAX EXAMINATION BY THE FEDERAL AND ARIZONA STATE JURISDICTIONS, WHICH GENERALLY REMAIN OPEN FOR THREE AND FOUR YEARS, RESPECTIVELY.

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XI, LINE 2D

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	\$658,155
CHANGE IN ASSETS DUE TO OTHER ENTITIES	(\$14,967,861)

TOTAL	(\$14,309,706)

SCHEDULE D, PART XI, LINE 4B

SERVICE AGREEMENT	(\$11,350,467)
UNREALIZED GAIN ON VALUE OF LAND	(\$2,802)
FOREIGN TAXES	\$1,369
TAYLOR TRUST REVENUE	(\$71,738)
INVESTMENT MANAGEMENT FEES - EP	\$457,292

TOTAL	(\$10,966,346)

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN

SCHEDULE D, PART XII, LINE 4B

FOREIGN TAXES	\$1,369

TOTAL	\$1,369

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

I Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
I Attach to Form 990.
I Go to www.irs.gov/Form990 for instructions and the latest information.

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**Open to Public
Inspection**

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY

Employer identification number
86-6051042

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **I** Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	INVESTMENTS		5,009,648.
(2) EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		2,682,787.
(3) NORTH AMERICA	0.	0.	INVESTMENTS		853,419.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal I					8,545,854.
b Total from continuation sheets to Part I I					
c Totals (add lines 3a and 3b)					8,545,854.

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

Schedule F (Form 990) 2018

Foreign Forms

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).



Part II Fundraising Events. 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) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	██████████		
	2	Less: Contributions	██████████		
	3	Gross income (line 1 minus line 2)	██████████		
Direct	4	Cash prizes	██████████		
	5	Noncash prizes	██████████		
	6	Rent/facility costs	██████████		
	7	Food and beverages	██████████		
	8	Entertainment	██████████		
	9	Other direct expenses	██████████		
	10	Direct expense summary. Add lines 4 through 9 in column (d)		██████████	
11	Net income summary. Subtract line 10 from line 3, column (d)		██████████		

- 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	3a	%
b An outside facility	3b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name I _____

Address I _____

- 15 a 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 I \$ _____ and the amount of gaming revenue retained by the third party I \$ _____.
- c If "Yes," enter name and address of the third party:

Name I _____

Address I _____

16 Gaming manager information:

Name I _____

Gaming manager compensation I \$ _____

Description of services provided I _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions?
- b



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

GRANTS PAID CONSIST OF FUNDS PROVIDED TO ARIZONA STATE UNIVERSITY, ITS AFFILIATES, AND OTHER FOR-PROFITS AND NON-PROFITS FOR ASU RELATED INITIATIVES, WHICH ARE ACCOUNTED FOR AND MONITORED THROUGH THE USE OF ACCOUNTS AND ACCOUNT PURPOSE AT THE TIME OF EACH DISBURSEMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

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**Open to Public
Inspection**

Employer identification number

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 **1**

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? **1**

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
1b		
2		
4a		
4b		
4c		
5a		
5b		
6a		
6b		
7		
8		
9		

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 VIRGINIA DESANTO DIRECTOR, TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	232,368.	23,272.	1,032.	17,598.	27,740.	302,010.	0.
2 MARCEL VALENTA SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	271,315.	27,470.	648.	19,250.	31,323.	350,006.	0.
3 GRETCHEN BUHLIG CEO	(i)	326,500.	32,500.	0.	19,250.	2,801.	381,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 KIMBERLY HOPLEY SENIOR VP DEVELOPMENT	(i)	229,908.	5,500.	0.	16,870.	26,094.	278,372.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SYBIL FRANCIS DIR. STR. ADV. LOANED EXEC	(i)	216,026.	0.	0.	14,490.	2,728.	233,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PATRICK MCDERMOTT CHIEF ENGMT OFCR, THUNDERBIRD	(i)	199,904.	5,500.	566.	14,565.	25,302.	245,837.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SCOTT NELSON EX DIR OF DEVP, SUN DEVIL ATHL	(i)	183,096.	7,500.	1,788.	12,074.	18,326.	222,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 SHAUN BRENTON ASS. VP CORP. & FDN. REMj 14 0 Tg(183,.)Tj110.	(i)	175,869.	5,500.	540.	12,230.	22,850.	216,989.	0.
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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 IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SYBIL FRANCIS	FAMILY MEMBER OF DIRECTOR	233,244.	COMPENSATION FOR EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SYBIL FRANCIS

SCHEDULE L, PART IV, COLUMN (C)

THE AMOUNT OF COMPENSATION REPORTED FOR SYBIL INCLUDES SALARY, BENEFITS,
AND OTHER DEFERRED COMPENSATION.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 9, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

SCHEDULE M, PART I, LINE 32B

THE FOUNDATION USES A VARIETY OF BROKERAGE AND SERVICE COMPANIES TO
CONVERT NON-CASH GIFTS TO CASH BASED ON THE TYPE OF NON-CASH GIFT
RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

3/4

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Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number 86-6051042
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CONTRIBUTION.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

ASU ENTERPRISE PARTNERS ("EP") SERVES AS THE SOLE MEMBER OF THE ORGANIZATION, AND PROVIDES THEM WITH VARIOUS SUPPORTING SERVICES, SUCH AS LEGAL, HUMAN RESOURCES, FINANCIAL, AND MARKETING AND TECHNICAL SERVICES. IN ADDITION, EP MANAGES THE RESERVES AND PROVIDES GUIDANCE AND OVERSIGHT OF THE ORGANIZATION.

DECISIONS SUBJECT TO APPROVAL

FORM 990, PART VI, SECTION A, LINE 7A AND 7B

PER THE BYLAWS OF ASUF, THE FOLLOWING ACTIONS SHALL NOT BE TAKEN BY THE CORPORATION WITHOUT THE APPROVAL OF THE MEMBER:

ELECTION AND REMOVAL OF DIRECTORS, AMENDMENT OF THE ARTICLES OF INCORPORATION OF THE CORPORATION, AMENDMENT OF THE BYLAWS OF THE CORPORATION, MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION, THE CREATION OF ANY SUBSIDIARIES OR AFFILIATES OF THE CORPORATION, ADOPTION OF THE STRATEGIC AND ANNUAL BUSINESS PLANS AND ADOPTION OF THE ANNUAL BUDGET PREPARED BY THE CORPORATION AND ANY ACTIONS TAKEN BY THE CORPORATION, THE SELECTION AND RETENTION OF THE CEO OF THE CORPORATION, THE MAKING OF ANY CAPITAL EXPENDITURES, THE SELECTION OF THE MANNER AND LOCATION OF INVESTMENT OF ANY FINANCIAL ASSETS, THE CREATION OR EXTENSION OF ANY LOANS BY OR ANY BORROWING BY THE CORPORATION OR THE SALE OF ANY CAPITAL ASSETS BY THE CORPORATION.

Name of the organization ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW
AMERICAN UNIVERSITY

Employer identification number
86-6051042

FORM 990 REVIEW PROCESS

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

ASUF'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE DRAFT IS SUBMITTED TO ASUF'S MANAGEMENT FOR REVIEW AND ACCURACY OF REPORTING. THE BOARD OF DIRECTORS HAS DELEGATED REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE OF ASU ENTERPRISE PARTNERS ("EP"). MANAGEMENT AND A REPRESENTATIVE OF THE OUTSIDE ACCOUNTING FIRM REVIEW THE FORM 990 WITH THE AUDIT COMMITTEE. ONCE APPROVED AND ACCEPTED BY THE AUDIT COMMITTEE, A FULL COPY OF THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS. IT IS THEN SIGNED BY THE TREASURER AND SUBMITTED ELECTRONICALLY TO THE IRS AND BOARD OF DIRECTORS.

PROCESS FOR MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST

POLICY FORM 990, PART VI, SECTION B, LINE 12C

UPON HIRE AND ON AN ANNUAL BASIS, ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OR POTENTIAL CONFLICTS RELATING TO THEIR INVOLVEMENT WITH ASUF. IN ADDITION, ANY TIME THE INDIVIDUALS REFERRED TO ABOVE BECOME AWARE OF A NEW CONFLICT, THEY ARE REQUIRED TO SUBMIT AN UPDATED CONFLICT OF INTEREST/COMMITMENT FORM TO EP'S GENERAL COUNSEL. ANY IDENTIFIED CONFLICTS WOULD BE REVIEWED BY THE BOARD CHAIR AND THE CEO TO DETERMINE ANY MITIGATION ACTIONS NEEDED.

PROCESS FOR DETERMINING COMPENSATION OF CEO/KEY EMPLOYEES

EMPLOYEES FORM 990, PART VI, SECTION B, LINES 15A AND 15B

FOR ASUF, THE BOARD OF DIRECTORS APPROVES THE COMPENSATION PACKAGE FOR

Name of the organization	ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY	Employer identification number	86-6051042
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THE CEO BASED ON CURRENT MARKET COMPARISONS PROVIDED BY THE FOUNDATION'S HUMAN RESOURCES DEPARTMENT (WHICH OBTAINS THIS INFORMATION FROM AN INDEPENDENT COMPENSATION CONSULTANT), RESPONSIBILITIES OF THE POSITION, GOALS OF THE FOUNDATION, AND NEGOTIATIONS WITH THE CEO. ALL OTHER COMPENSATION DECISIONS FOR KEY EMPLOYEES HAVE BEEN DELEGATED FROM THE BOARD OF DIRECTORS TO THE CEO, WHO FOLLOWS A SIMILAR PROCESS AFOREMENTIONED.

DOCUMENTS MADE AVAILABLE TO THE PUBLIC
FORM 990, PART VI, SECTION C, LINE 19

THE FINANCIAL STATEMENTS, FORM 990, AND FORM 990-T FOR ASUF ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE NOT MADE AVAILABLE TO THE PUBLIC.

ADDITIONAL INFORMATION REGARDING FUNDRAISING

FORM 990, PART VIII AND FORM 990, PART IX

IN ITS EFFORT TO SUPPORT ASU, ASUF PERFORMS A BROAD SCOPE OF SERVICES THAT INCLUDE FUNDRAISING AND INVESTMENT MANAGEMENT SERVICES. ASUF'S FUNDRAISING EXPENSES SUPPORT ACTIVITIES THAT GENERATE CONTRIBUTIONS THAT GO DIRECTLY TO ENTITIES OTHER THAN ITSELF, SUCH AS ASU AND OTHER ASU AFFILIATES; THUS, NOT ALL FUNDRAISING RESULTS GENERATED THROUGH ASUF'S EFFORTS ARE REFLECTED IN THE CONTRIBUTION TOTALS ON ASUF'S FORM 990.

OTHER CHANGES TO NET ASSETS

FORM 990, PART XI, LINE 9

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AZTE VENTURES, CO 1475 N. SCOTTSDALE RD. STE. 200 SCOTTSDALE, AZ 85257 27-0151042	SOLAR ENERGY	AZ	N/A	C CORP					X
(2) CHARITABLE REMAINDER TRUST (16)	CHARIT REM TR	AZ	N/A	TRUST					X
(3) TEOTIHUACAN HOLDINGS, LLC P.O. BOX 2260 TEMPE, AZ 85280 81-1792379	HOLDING CO.	DE	N/A	C CORP					X
(4) GLOBAL UNIVERSITY ASSOCIATE I, LLC P.O. BOX 2260 TEMPE, AZ 85280 36-4831153	EDUCATION	DE	N/A	C CORP					X
(5) GLOBAL UNIVERSITY ASSOCIATE II, LLC P.O. BOX 2260 TEMPE, AZ 85280 36-4831242	EDUCATION	DE	N/A	C CORP					X
(6)									
(7)									

Supplemental Information
Provide additional information
